# IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

Benjamin Cooper,	:	: CIVIL ACTION	
Plaintiff :	:	NO	
vs.	:		
John Weztel, Jeanne Welsh, K. Owens,	;	42 U.S.C. § 1981, 1983, 1985, 1986	
Tammy Ferguson, K. Sorber, Keri Moore,	:		
RNS M. Savage, Capt. Masselino, Major Gina	:	1	
Clark, G. Orlando, SCI Phoenix's Medical	:		
Department, Medical Supervisor John/Jane	:		
Doe, Counselor Wentzel, Gerald Kelly, Dr.	;		
John Doe, Melissa Delliponte, D. Bradley,	;		
PA. Dept. of Corrections, SUED IN THEIR	:		
OFFICIAL AND PRIVATE CAPACITIES	;	· ·	
Defendants	:		

# CIVIL COMPLAINT

# I. INTRODUCTIONS

The Plaintiff files his civil complaint/action against the Defendants in their official and private capacities. The Plaintiff is seeking compensatory, punitive, emotionial and retaliatory damages, attorney fees, and all other damages allowed by law.

# II. JURISDICTION

- 1. This Court has jurisdiction over this matter pursuant to: 28 U.S.C. §§ 1331 and 1334.
- 2. This Court has supplemental jurisdiction over thia matter pursuant to: 28 U.S.C. § 1367.
- 3. This Court had jurisdiction over this matter pursuant to: the 8th and 14th Amendments,

Title 4 of the Civil Rights Act of 1964, 42 U.S.C. § 1983, 1985 and 1986, 18 PA.C.S. § 903, 42 PA.C.S. § 8522.

# III. EXHAUSTION OF ADMINISSTRATIVE REMEDIES

4. The Plaintiff has fully exhausted all of his administrative remedies, via PADOC grievance system.

# IV. PARTIES

- 5. Plaintiff: Benjamin Cooper, Inst. No. GE-0213, is currently located at: SCI Phoenix, P.O. Box 244, 1200 Mokychic Drive, Collegeville, PA. 19426.
- 6. Defendants: John Wetzel, Tammy Ferguson, Keri Moore, Gerald Kelly, PA. Dept. of Corrections are located at: 1920 Technology Pkwy., Mechanicsburg, PA. 17050.
- Defendants: K. Owens, Jeanne Welsh, K. Sorber, Deputy Sipple, Major Gina Clark, G. Orlando, Medical Supervisor John/Jane Doe, Counselor Wenztel, Melissa Delliponte, D. Bradley, SCI Phoenix's medical department, DR. John Doe, Capt. Masselino, RNS M. Savage are currently located at: SCI Phoenix, P.O. Box 244, 1200 Mokychic Drive, Collegeville, PA. 19426.

# v. FACTS

- 8. On April 21, 2019, the Plaintiff broke his hand during a scheduled activities event, his hand immediately swelled up, and he went over to the east trauma triage in the medical department for treatment. In the triage the Plaintiff was seen by Nurse Eddie. Nurse Eddie carefully checked the Plaintiff's injury and deemed it broken and swollen and that it was a situation that caused for the Plaintiff to be sent to a outside hospital to get x-rays, an MRI, see a an orthopedic ad recieve the necessary treatment.
- 9. Nurse Eddie contacted Defendant Dr. John Doe, the doctor that was on call, to explain the situation and let him know that he was calling an ambulance to take the Plaintiff out. The Defendant Dr. John Doe refused to let Nurse Eddie send the Plaintiff out, telling Nusre Eddie to simply wrap the Plaintiff's hand up in an ace bandage and give him some motrin. Nurse Eddie explained to the Defendant Dr. John Doe again the nature of the injury and told him that motrin and an ace bandage would not be sufficient because of the condition of the broke and swollen hand and the amount of pain that the Plaintiff was in. The Defendant Dr. John Doe still refused, thus refusing to give the Plaintiff the proper medical treatment. [See Appendix "A" PLIT multiple greeness.

- 10. On April 22, 2019, the following morning the Plaintiff had to go back to east trauma triage in medical because of the worsening of the pain and excessive swelling in his hand. The Plaintiff was seen by a physician's assistant, Jane Doe, who took one look at the Plaintiff's hand and immediately ordered an x-ray of the Plaintiff's swollen hand. After the x-rays were reviewed by the physician's assistant the Plaintiff was informed that he had multiple fractures, a broken bone and displaced bone and a torn tendon in his hand. The physician's assistant told the Plaintiff that he would need surgery and a cast. The Plaintiff was not sent out for proper medical treatment.
- 11. On April 27, 2019, an inmate resident, Aquil Alexander, broke his hand during a scheduled activities event. The same type of event where the Plaintiff received his injury. Mr. Alexander immediately went to east trauma triage after he received the injury and was immediately sent out to the outside hospital to see an orthopedic doctor for proper medical treatment. Mr. Alexander received treatment and was returned to the institution.
- 12. On April 30, 2019, after eight days had passed and no treatment was given nor was the Plaintiff taken to a outside hospital to see an orthopedic doctor to receive medical treatment the Plaintiff filed the following grievance at No. 799988. [See: Appendix "A", PL't multiple grievances].
- 13. On June 21, 2019, the Plaintiff was finally taken to Hannehmann Hospital by COs Griffin and John Doe to see an orthopedic doctor because of his broken and swollen hand. While at the hospital an x-ray and MRI was performed on the Plaintiff's broken and swollen hand. The Plaintiff and escorting officers were told by the Orthopedic Doctor that: 1) the Plaintiff's hand was healing disfigured; 2) the bone in his thumb was broken into two pieces; and 3) that the ends of the broken bone were laying side by side in a disfigured state and were healing in that position.
- 14. The Orthopedic Doctor then notified the Plaintiff and escorting officers that due to SCI Phoenix's medical departments failure to act in a timely manner to the Plaintiff's injuries that he sustained on April 21, 2019, that it caused a disfigurement to the Plaintiff's hand leaving it to heal in a disfigured state. She then told them that the Plaintiff would need surgery to rebreak the bone and reset it, and that pins would be placed in it; that this proceedure would cause more pain than the actual injury. The Doctor said that the Plaintiff should have been brought to them shortly after the injury had occurred and they could have simply set the bone and put a cast on his hand letting it heal properly, not two months later. [See: Appendix "B", Pl't multiple grievances].
- 15. On June 21, 2019, the Orthopedic Doctor at Hannehmann put in an order for the Plaintiff to receive tylenol, motrin and ice for a collective pre-surgery treatment for the pain and swelling in his hand. SCI - Phoenix's medical department ignored the Orthopedic Doctor's

- orders for pre-surgery medical treatment telling the Plaintiff that they (the staff and medical department) were satisfied with the way the Plaintiff's disfigured hand was healing. [See: Appendix "C", PL't multiple grievances].
- 16. On August 9, 2019, the Plaintiff was taken to Einstein Hospital to see another orthopedic doctor because of Hannehmann Hospital could not do the surgery because of the pending shut down of the hospital. The orthopedic doctor at Einstein Hospital told the Plaintiff that because nearly four months had elapsed since the Plaintiff's injury that he did not feel comfortable doing the surgery so he would save the institution some money and wouldn't do it, and that if he (the Plaintiff) wanted it done then he would have to go find a different doctor. Thus, prolonging the Plaintiff's pain and suffering. [See: Appendix "D", grievance and Appendix "E", PL't multiple DC-135A Forms].
- The Plaintiff didn't get the corrective surgery on his disfigured hand until on or about 17. December 3, 2019, at Einstein Hospital after numerous complaints were filed.
- 18. The Plaintiff informed the Defendants: John Weztel, Jeanne Welsh, K. Owens, Tammy Ferguson, K. Sorber, Keri Moore, RNS M. Savage, G. Orlando, D. Bradley, Medical supervisor John/Jane Doe of the neglect of proper medical treatment through grievances and DC-135A forms.
- 19. The Plaintiff sought help from Defendant Major Gina Clark and Defendant Deputy Sipple whom both ignored the Plaintiff's request to intervene.
- 20. Defendants Ferguson, Major Gina Clark, Deputy Sipple, Medical Supervisor John/Jand Doe, K. Sorber were solely responsible for running the daily operations of SCI - Phoenix at all times relevant, the Plaintiff's hand was broken and healing disfigured. All of these defendants disregarded the Plaintiff's medical condition, (i.e. a broken hand healing disfigured and in pain), and denied the Plaintiff proper medical treatment which is/was contrary to the prescribed medical practices and treatment.
- 21. Dr. Jake T. Cummings, after establishing it with the head medical supervisor at SCI -Phoenix, prescribed percocets for the post surgery pain. Upon returning to the institution the medical department ignored the hospital's orders and the amount of pain that the Plaintiff was in and prescribed medication that was only for moderate pain knowing that it would be insufficient for the Plaintiff's pain because the surgery had caused more pain than the actual injury. [See: Appendix "F", PL't multiple grievances and Appendix "G" PL't multiple grievances and Appendix "H" PL't multiple grievances].

- 22. Physical Injury The Plaintiff suffered physical injuries: the re-breaking, sanding and repositioning of his bones with pins to hold them in place.
- 23. Inury: Psychological and emotional trauma as a result of the Plaintiff's re-constructive/ re-corrective surgery he suffers from constant pains in his hands, the inability to put pressure/weight on his hands and a 10 15% less durability of hand usage. Currently the Plaintiff is still rehabing his hand.
- 24. Injury: Retaliation The Plaintiff suffered retaliation at the hands of Defendants Capt. Masselino, Counselor Wentzel, Unit Manager Gerald Kelly, G. Orlando, D. Bradley, K. Sorber, Tammy Ferguson. On December 5, 2019, the Plaintiff had two laundry bags with his name and number on the tags and filled with his personal clothes in the CI Laundry Department that had been rewashed and awaiting to be delivered back to him by another inmate resident per his work supervisors Hollahand and Evans. The inmate resident forgot to grab the Plaintiff's clothes, thus leaving them in the laundry department.

That night correctional officers asigned to security detail went to the laundry and begun a routine search and took the Plaintiff's two laundry bags with his clothes in them and destroyed them. The Plaintiff walked to the Laundry Department the following morning and with Supervisors Evans, Quintana and Poochie began to search the department for his clothes which were no where to be found. Upon searching for his clothes the Plaintiff's supervisors noted that paperwork, boxes, etc. were moved and rearranged signifying that security officers had been in there the previous night searching and looking around.

The Plaintiff returned to the block and spoke to both defendants Unit Manager Gerald Kelly and Counselor Wentzel. Defendant Kelly refused to do anything. The Plaintiff filled out a DC-135A form at the request of the defendant Wentzel noting what happened and what was stolen from him. Defendant Wenztel responded to the Plaintiff's DC-135A form stating that it is noted that they took the bags, when they are finished your items should be returned to you. I will forward the request to security. The request was never forwarded and the Plaintiff never recieved his clothes back. [See: Appendix "I", DC-135A form].

The Plaintiff also spoke to defendant Capt. Masselino, who is in charge of security, the defendant took down the Plaintiff's information and complaint and said he would see if they still had it and get the clothes back to the Plaintiff. The Plaintiff never heard from Defendant Masselino again nor received his clothes back. [See: Appenix "J", PL't multiple grievances].

25. On April 16, 2020, at 1:47 pm The Plaintiff received a notice from Defendant Melissa

Delliponte (Inmate Employment) stating that effective 4/10/20 that the Plaintiff was being removed from his job in the CI - Laundry Department because of medical restrictions/limitations. The Plaintiff filed the necessary grievances siting that he felt targeted and retaliated against. [See: Appendix "K", PL't multiple grievances and Appendix "L", notification].

On May 5, 2020, the Plaintiff sent a DC-135A form to the Medical Department contending that there should be no new restrictions put in his medical chart since he was cleared to return to work by the physical therapist and that he had been working in the CI-Laundry for over a year without risk or injury. The Medical Department responded to the Plaintiff telling him that on 3/26/20 a "No Lifting Restriction" was placed on him by the medical provider. [See: Appendix "M", DC-135A form]. The Plaintiff also signed up for sick call twice and talked to the physical therapist for an explanation and all three sources told the Plaintiff that the new restriction was not in his medical chart.

The Plaintiff also contacted Defendants Deputy Sipple and Melissa Delliponte telling them what he was told by the physical therapist and two sick call doctors. Defendant Sipple responded that **the "No Lifting restriction" has been removed**. Defendant Melissa Delliponte didn't acknowledge the none existence of the "No Lifting Restriction" but instead refused to give the Plaintiff his job back by putting the removal on a different restriction that was never mentioned before. [See: Appendix "N", PL't multiple DC-135A forms]. Following her colleagues example defendant Sipple sided with defendant Delliponte.

# VII. STATEMENT OF CLAIMS

26. The Plaintiff incorporates by reference as though fully set forth all the averments set out in paragraph 1-25.

### Count 1: The Defendants Violated The Plaintiff's 8th Amendment Rights

- 27. According to U.S. Constitution 8th Amendment the Plaintiff has a constitutionally protected right to the prohibition against cruel and unusual punishment when they intentionally and maliciously:
  - I) **Deliberate Indifferent** the defendants were deliberately indifferent to the Plaintiff's broken hand injury when they refused to send him out to a hospital to receive the proper medical treatment from an orthopedic doctor.
  - II) **Deliberate Indifferent** The defendants were deliberately indifferent to the Plaintiff's medical condition when they prolonged his pain and suffering for two months before

- sending him to see an orthopedic doctor. As a result, the Plaintiff's broken hand begun to heal disfigured causing him to re-constructive/re-corrective surgery which caused more pain then the actual injury.
- 111) **Deliberate Indifferent** the Ddefendants were deliberately indifferent to the Pliantiff's hand injury when they denied him proper pain medication before and after his reconstructive/re-corrective surgery.
- IV) Cruel and Unusual Punishment The Plaintiff suffered cruel and unusual punishment when defendants Meliss Delliponte, Deputy Sipple and the Medical Provider/Medical department and Capt. Masselino retaliated against him for filing complaints against their co-workers, and denied the Plaintiff his basic civil and human rights, when they committed burgulary and stole the Plaintiff's clothes and laundry from the CI-Laundry Department and violated his rights and discriminated against him under the A.D.A. (American Disability Act) when they wrongfully removed him from his job under false pretenses and then kept it away from him using his medical disabilities.

# Count 2: The Defendants Violated The Plaintiff's 14th Amendment Rights and U.S.C. § 1981

28. According to the U.S. Constitution 14th Amendment and 42 U.S.C. § 1981, the Plaintiff is a citizen of the United States, who has a constitutional right to the equal protection of the law. The Defendants were supposed to provide the Plaintiff with reasonable care. But, instead, these Defendants deprived the Plaintiff when they intentionally and maliciously disregarded the Plaintiff's broken hand and enjoined him to have it heal disfigured.

# Count 3: The Defendants Violated The Plaintiff's Civil and Human Rights

- 29. According to **Title 4 of the Civil Rights Act of 1964**, and **42 U.S.C. § 1983**, the Plaintiff is entitled to his basic civil and human rights which is afforded to every citizen of the United States.
- 30. All Defendants knew about the Plaintiff's hand injury because they had/have direct access to the Plaintiff's medical records, and because the Plaintiff informed and filed multi[ple grievances. Also, because medical staff members informed the defendants of the Plaintiff's hand injury.
- 31. The Plaintiff is entitled to not have the Defendants put his health and well being into jeapordy, which they did when they refused to provide proper medical treatment by sending him to see an orthopedic doctor right after he broke his hand. The Plaintiff could have had perminent ligament and tissue damage.

32. The Defendants worked together to deprive the Plaintiff of his civil and human rights - to be safe and secure in his person. The Plaintiff has a constitutional right to recovery damages for the Defendants' malicious actions of depriving him of his civil liberties to be secure in his person and basic human rights.

# Count 4: The Defendants Violated The Plaintiff's Rights To The Exercise of His Civil and Human Rights

- 33. According to U.S.C. § 1985, the Plaintiff has a constitutional right to the protection against the Defendants conspiring together to interfere with his (Plaintiff's) civil rights.
- 34. Defendants conspired to keep the Plaintiff in pain and suffering, with the full knowledge that the Plaintiff injured hand was healing disfigured, which is what happened, and that he could have damaged his hand even worser.
- 35. Defendants had an Obligation and should have stopped their colleagues from violating the Plaintiff's protected rights, to be secure in his well being.

# Count 5: The Defendants Failed/Refused To Protect The Plaintiff From Being Victimized By His Colleagues

36. According to 42 U.S.C. § 1986, the Defendants who witnessed his colleagues' intentional and malicious actions had an obligation to prevent his colleagues from conspiring to deprive the Plaintiff of his property. But, they neglected to do so when they refused/failed to prevent the conspiracy, and they are now liable for damages.

# VIII SUPPLEMENTAL JURISDICTION (28 U.S.C. § 1367)

37. The Plaintiff incorporates by reference as though fully set forth all the averments set out in paragraph 1-35.

Count 6: The Defendants Acted Negligently To The Plaintiff's Medical Needs/Treatment

38. According to 42 PA.C.S. § 8522 (B)(3) - **Negligence**, the defense for sovereighn immunity shall not be raised to the claims for damages caused by...the care, custody or control of a person. The Defendants failed/refused to exercise reasonable care of the Plaintiff's medical condition (i.e. broken and fractured hand) by deliberately not sending him to see an orthopedic doctor and not giving him proper pain medication to deal with the injury.

### Count 7: The Defendants Committed Criminal Conspiracy Against The Plaintiff

- 39. According to 18 PA.C.S. § 9093 the Defendants committed the crimes of criminal conspiracy when the Defendants, working together deprived the Plaintiff of his Civil and Human Rights in retaliation.
- 40. All All of the Defendants knew of the Plaintiff's hand injury and had access to the Plaintiff's medical records. All of the Defendants were aware that the Plaintiff's medical situation was in direct violation of the Pennsylvania and U.S. Constituion and their oaths of medical/correctional staff and officers and refused to correct it. All of the Defendants violated their oaths of care, custody and control of the residents placed under their supervision/in their care. All of the Defendants either lied and/or tried to cover up the fact that the Plaintiff was never sent to the hospital after he broke and fractured his hand during organized sports in retaliation of prior complaints and pending civil action and let it heal disfigured which put him in a position to need re-constructive/re-corrective surgery which would (and did) casuse more pain than the actual injury and denied the Plaintiff the proper pain medication throughout the ordeal.
- 41. None of the Defendants were investigated, charged or prosecuted for their many crimes, which allows this type of criminal behavior withith the PADOC.

**RELIEF SOUGHT** 

- 42. Compensatory Damages: The Plaintiff requests This Court to enjoin the Defendants to pay the Plaintiff compensatory damages in the amount of \$300,000.00 (three hundred thousand dollars), plus the appropriate interest rate.
- 43. Punitive Damages: The Plaintiff requests This Court to enjoin the Defendants to pay the Plaintiff punitive damages in the amount of \$300,000.00 (three hundred thousand dollars), plus the appropriate interest rate.
- Psychological/Emotional Damages: The Plaintiff requests This Court to enjoin the Defendants to pay the Plaintiff psychological/emotional damages in the amount of \$300,000.00 (three hundred thousand dollars), plus the appropriate interest rate.
- Court Costs/Legal Fees: The Plaintiff requests This Court to enoin the Defendants to pay the Plaintiff's court cost and legal fees.
- 46. All other appropriate damages allowed by the law: The Plaintiff requests This Court to enjoin the Defendants to pay the Plaintiff all other appropriate damages and reliefs allowed by law.

Filed By,

Date: September 3, 2020

Benjamin Cooper

GE-0213

P.O. Box 244

Collegeville, PA 19426

# **APPENDIX "A"**

C	1	of	2
23.55		•	

DC-804 Part 1

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

<b>\</b>	` ' .	GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
•	SCI-Phuenix	4/30/19
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE	
WORK ASSIGNMENT:	By with former Conf	The same of the sa
WORK ASSIGNMENT:	HOUSING ASSIGNMENT	
laundry	H-31019	
INSTRUCTIONS:  1. Refer to the DC-ADM 804 for procedures on the income of the income o	mate arievance system	
2. State your grievance in Block A in a brief and unde		
3. List in Block B any action you may have taken to re		to include the identity of
staff members you have contacted.		
A. Provide a brief, clear statement of your grievance.	Additional paper may be us	sed, maximum two
pages (one DC-804 form and one one-sided 81/2" x	11" page). State all relief t	hat you are seeking.
on 4/21/19, I injured my left ham		
I want to medical and the do	atom or former of da	as I was Line
U / IT	CTOT TENDONE TO	30710 1110 10
the hospital torun X-ray and N		
for the pain, and my hand wa	s wrapped in A	n ace bandage
and I was given ice. on 4/22,	119. I want bas	K to medical
because of the pain in my han.	land an X-ray	i was done . I
was intermed that my thumb w	as broke, that a	Jendonton 1
away from the muscle (thumb a	realitant discor	inem mouttole
finitures and displaced bones.	and that T	Id man I surround
ON 19 1 1/2 1 de la Lan	•	
I contend that it these tendens. re-set I will lose functionality	on who we walter	hed and bones,
re-set I will lose functionality	he was by a distribution	hauf the use of
my thumb, thus Improperly healt	with a state of the state of	stand the medical
	25	
B. List actions taken and staff you have contacted, be		ice.
Medical nurses Sick call n	urse	
Deputy Sipple	•	
Your grievance has been received and will be proces	end in accordance with Di	
Tour grievance has been received and will be proces	Seu III accordance with Di	O-ADIVI DOT.
	•	
Signature of Facility Grievance Coordinator	· ·	Date
▼	•	

CANARY File Copy

DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 – Grievances & Initial Review

WHITE Facility Grievance Coordinator Copy

**GOLDEN ROD Inmate Copy** 

Attachment 1-A

PINK Action Return Copy

# 2 4 2

Dept. refuses to schedule me for the necessary surgery. Thus, violating my constitutional rights: J.S. Const. 6th Amendment. Wherefore, I request the necessary surgery and compensatory damages in the amount of \$200,000.00 (two hundred thousand dollars).

# **INITIAL REVIEW RESPONSE**

SCI Phoenix 1200 Mokychic Drive, Collegeville PA 19426

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows

		_	
Inmate Name:	Benjamin Cooper	Inmate Number:	GE0213
Facility:	SCI Phoenix	Unit Location:	H-B-1019
		<u> </u>	1
Grievance #:	799988	Grievance Date:	4/30/19
	Auto-		
Publication (if a	pplicable):		
		124-1440-1441	
Decision:	I T Unhald Inmata		Authority Company
pecision.	☐ Uphold Inmate  X Grievance Denied ( )		
		•	
It is the desirion	☐ Uphold in part/Denied in part of this grievance officer to uphold, deny or uph	old in part/dony in pa	t the inmate's initial
it is the decision	or this grievance onicer to uphold, derry <b>or up</b> h esponse will include a brief rationale, summariz	ze the conclusion, any a	ction taken to resolve
	esponse will include a brief rationale, summanded in the grievance and, relief sought.	e the conduction, any a	otion taken to receive
Response:		ANNOUNCE TO A STATE OF THE STAT	
Inmate Cooper v	ı bu filed a grievance indicating that you injured y	our left hand on 4/21/19	and the doctor refused
to send you to th	e hospital for treatment. You indicate that you	r pain was treated, you	were provided with ice
and your hand wa	as bandaged. You indicate that you were seen t	he next day and x-rayed	. You indicate you were
told that you brol	ke your thumb, the tendon tore away from the	muscle, you had multip	ole fractures and would
need surgery and	d a cast. You indicate that you need surgery a	nd medical refuses to so	chedule you for surgery
violating your rig	hts. You want surgery and \$200,00.00. Inmat	e Cooper your grievand	ce is denied. You were
evaluated and tre	eated accordingly on 4/21/19. You were evaluate	ated again during a foll	ow up by a provider on
4/22/19 where yo	ou were x-rayed and your thumb was splinted a	and wrapped. You were	advised that you had a
non-displaced fra	acture and avulsion with good circulation. A	n outside appointment	was scheduled for an
orthopedic follow	up. You will not be advised of the date for sec	urity reasons. If you have	e any further concerns
	arding medical care please follow the facility sign	ck call process so that y	ou may be maged and
your concerns ca	n be addressed as appropriate.		
		•	
	•		
esperatus escententaria esta folia ferte populario accidente e transcri	от в при	имениментносто «мъ-менименченен) пева е въздан госед «укаруп-видиосинска	nnamhdhenen kie hhe ee ee geann waa aa maan medalee in ee geann da maan da maan maa ka maa ka maa ka maa ka ma
Signature:	Jeanne Welsh		
Title:	Corrections Health Care Administrator		100011-00010-000
Date:	5/8/19		
	· · · · · · · · · · · · · · · · · · ·		

CC:

Facility Grievance Coordinator

DC-15 File DECEIVED MAY - 9 2019

DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 – Grievances & Initial Review

Issued: 1/26/2016 . Effective: 2/16/2016

# BENJAMIN COOPER, GE-0213 BLK/CELL NO. H-B1-019

1

TO: TAMMY FERGUSON, SUPT. SCI-PHOENIX

RE: GRIEVANCE APPEAL, NO. 799988

Supt. Ferguson,

On 4/21/19, I injured my left hand and wrist. I went to medical where I was given motrin for the pain, and my hand and wrist was wrapped in an Ace Bandage, not a splint, nor cast. On 4/22/19, I went back to medical and an X-ray was done and I was informed that tendons in my hand (thumb area) was torn from the muscle and I need surgery to re-attach, I have three fractures, multiple bone fragments, and that I needs a cast.

I contend, if these tendons are not re-attached I will lose functionality in my hand without the use of my thumb, thus improperly healing. I need surgery to re-attach my tendons to my muscle, and the medical Dept. refuses to schedule me for the necessary surgery. Thus, violating my constitutional rights: U.S. Const. 6th Amendment.

WHEREFORE, I request the necessary surgery.

Date: 5/21/19

Filed by,

'n



# Facility Manager's Appeal Response

SCI Phoenix

Collegeville, PA, 19426

06/03/2019 08:00

Inmate Name:

COOPER, BENJAMIN

DOC #:

GE0213

Facility:

Phoenix

Unit Location:

H/B

0-91

Grievance #:

799988

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

### **Decision: Uphold Response**

It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

### Response:

I am in receipt of your grievance appeal in which you state you injured your left hand and wrist on April 21, 2019. You state you went to medical where you were given Motrin and your hand/wrist was wrapped in an ace bandage, not a splint or cast. You state you went back to medical on April 22, 2019 and x-ray was done where you were informed that tendons in your hand were torn away from the muscle and you need surgery to reattach. You state you have three fractures, multiple bone fragments and you need a cast. You state you will lose functionality in your hand if surgery is not scheduled. You further state that the medical department refuses to schedule you for such surgery.

I find the grievance officers response appropriate. As indicated in the initial review response, a follow-up appointment with an outside orthopedic has been scheduled. Due to security reasons, you will not be advised of that date. You were advised that you had a non-displaced fracture and avulsion with good circulation. I find that you were and continue to be receiving the appropriate medical care. There is nothing further to add.

Based on this information, I am upholding the decision of the grievance officer.

Signature:

Name

Title:

Temmy S Fergus
Facility Manager

Date:

10.2.A

CC: DC-15 File

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

Issued: 1/26/2016 Effective: 2/16/2016

GE0213

COOPER, BENJAMIN

Page1 of 1

# **APPENDIX "B"**

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DC-804 Part 1

# **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS**

FOR OFFICIAL USE GRIEVANCE NUMBER

Win it Call

OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
	SCI-Phoenix	( 6/27/19
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF IN	MATE:
Benjamin Cooper GEOZI3	B-1-0	
WORK ASSIGNMENT: / / /	HOUSING ASSIGN	MENT:
laundry	HB1019	
INSTRUCTIONS:	F6.	*
1. Refer to the DC-ADM 804 for procedures on the in		<b>m.</b>
2. State your grievance in Block A in a brief and under	erstandable manner.	
<ol> <li>List in Block B any action you may have taken to restain members you have contacted.</li> </ol>		, ,
A. Provide a brief, clear statement of your grievance.	Additional paper may	be used, maximum two
pages (one DC-804 form and one one-sided 81/2")	x 11" page). State all r	elief that you are seeking.
based on the extreme Pata and to	ordere I coult	mue to suller on
6/21/19, I wastaken to Hunnemann	hospital a house	my baken the
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his rold x-rows were taken 4.1.1	- CHITTIN AND	-om we at the
Amaple to heave and 7 Diagrams	Wed the bon	se in my thumb was,
Completory with into a pieces and 2)	THAT THE HIPD OF	- both pieces of the
hospital x-rays were taken that she completely broken into Z Pieces; and z) bone are laying side by side next to ea	uch other and a	re healing in that
I was advised by the doctors at Han.	and an Ilmanda	JH + In L DL.
I was advised by the doctors at Han	nemann Hospita	I To Froenix
medical deptis failure to act in a tin	nely manner to	the injury - sustained
on 4/21/19 that it caused a distinurem	ent of my han	d by leaving it to heal
in a distigured state. They also alvis	ed me that I	off and surrend
rebreak and read the	Later and 1	will need surgery to
rebreak and reset the bone and that I should be me be	T PINS WOULD be	placed in my hand, that
where they could have set the bone months later.	50 that # enil	1 he I am 2
months later.	20070	rienijas riot ~
	oforo authoritting this ar	riovanae
B. List actions taken and staff you have contacted, be	aiore aubiniturig triis gr	ilevance.
And the second s	**	
· · · · · · · · · · · · · · · · · · ·		
	•	
Your grievance has been received and will be proce	ssed in accordance w	ith DC-ADM 804.
		A 1 1
		7/1/1
Signature of Facility Grievance Coordinator	<del></del>	Date
	' File Copy PINK Ac	tion Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 – Grievances & Initial Review

Issued: 1/26/2016 Effective: 2/16/2016

**GOLDEN ROD Inmate Copy** 

Attachment 1-A

Phoenix's medical department deliberately bented and/or refused me proper medical treatment and was negligent according to Hannemann Hospital. There was no reason for Phoenix's medical department to prolong my pain and suffering and delay proper medical treatment for 2 months, when other inmates who rectived straitar injuries during the same. It was period recieved proper medical treatment and Honey surgery.

The delay and fathere to act in getting me proper medical treatment will cause me more path and suffering then the original injury which violates my 8th Amendment Rights to evel and unusual punishment. This mistreatment is retaliation for prior grievances filed and pending civil actions against SCI-Phoenix and its medical department. Because of Phoenix's medical departments intentional and deliberate forfure to act and dental of proper medical treatment and negligence. I am seeking compensatory and psychological damages in the amount of the nine hundred thousand dollars (#900,000.00).



# Facility Manager's Appeal Response

SCI Phoenix

Collegeville, PA, 19426

10/07/2019 07:19

Inmate Name:	COOPER, BENJAMIN	DOC #:	GE0213	<del></del>
Facility:	Phoenix	Unit Location:	H/B	
Grievance #:	810011			

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

### Decision:Uphold Response

It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

# Response:

I am in receipt of your grievance appeal in which you state you were advised by doctors at the hospital that due to Phoenix's medical departments failure to act in a timely manner to the injury you sustained on 4/21/19 it caused a disfigurement of your hand by leaving it to heal in a disfigured state. You state they also advised you that you would need surgery to re-break and reset the bone and that pins would be placed in your hand. You state the medical department denied and/or refused you proper medical treatment and was negligent according to Hahnemann Hospital. You state there was no reason for the medical department to delay proper medical treatment for 2-months. You state this mistreatment is retaliation for prior grievances filed and pending civil actions against SCI Phoenix and the medical department. You state that neither of the responses have anything to do with the original injury or issue at hand, that the visit to the orthopedic hospital, it was made clear that you wanted surgery as previously ordered by Hahnemann Hospital and that the doctor at the orthopedic hospital stated that because nearly 4-mothhs had elapsed from the time the original injury that he did not feel comfortable doing the surgery and that if you wanted it then you would have to go to a different doctor. You state that you don't need physical therapy, you need surgery. You state the reasons for the denial of the initial grievance is insufficient because it falls to explain the blatant failure and refusal of proper medical treatment when your hand was first broken, why they delayed sending you to a hospital for 2-months or why they delayed it another 2-months before they sent you to another orthopedic hospital. You also state it doesn't address why you haven't had surgery to date.

Upon review of all available information, I find there was no failure or refusal to provide you with medical treatment. Your original orthopedic consult was on 4/22/2019 and scanned to Hahnemann Orto for scheduling on 4/24/19. You had an appointment which was rescheduled to 6/21/2019. You had a CT scan done on 7/1/2019 however, medical did not receive the CT scan disc and had to request another copy of it as they could not schedule another appointment without the disc. In the meantime, due to the closure of Hahnemann Hospital, Hahnemann Ortho stopped seeing patients and you were scheduled with Einstein Orthopedics for an appointment on 8/9/2019. Einstein Ortho recommended P/T while you were there, however, you refused that and signed a DC-462. You are scheduled for a follow-up with Einstein Ortho.

Based on this information, I am upholding the decision to deny your grievance.

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

GE0213 Grievance #:810011

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

Page1 of 2



# Facility Manager's Appeal Response

SCI Phoenix

Collegeville, PA, 19426

10/07/2019 07:19

cc: DC-15 File

Signature:	(440	The contract of the same of th	and a sign weeks are a minimum property or seeing a second accordance and another property and a second accordance and a second accordance and a second accordance and a second accordance and accordance and a second accordance accordance and a second accordance and a second accordance accordance and a second accordance accordance and a second accordance accordance accordance accordance and a second accordance acco
Name	T. Ferguson	A CONTRACTOR	gradient de la company de la c
	Facility Manager		
Date:		•	

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

GE0213 Grievance #:810011

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

Page2 of 2

Benjamin Cooper GE-0213 BLOCK/CELL HB-1019

Mechanicsburg, PA 17050

RÉ: GRIEVANCE APPEAL, NO. 810011

TO WHOM IT MAY CONCERN,

i

I filed a grievance on 6/27/19 contending that:

Based on the extreme pain and torture I continue to suffer - On 6/21/19, I was taken to Hannemann Hospital about my broken thumb and injury to my left hand which occured on 4/21/19 by C/os Griffin and John doe. At the hospital X-rays were taken that showed: 1) the bone in my thumb was completely broken into two pieces; and 2)that the tips of both bones are laying sisde by side next to each other and are healing in that position.

I was advised by the doctors at the hospital that due to Phoenix's Medical Department's failure to act in a timely manner to the injury I sustained on 4/21/19 that it caused a disfigurement of my hand by leaving it to heal in a disfigured state. They also advised me that I would need surgery to rebreak and neset the bone and that pins would be placed in my hand, that I should have been brought to them shortly after the injury had occured where they could have just set the bone so that it could have healed properly, not two months later.

Phoenix's Medical Department deliberately denied and/or refused me proper medical treatment and was negligent according to Hannemann Hospital. There was no reason for Phoenix's Medical Department to prolong my pain and suffering and delay proper medical treatment for two months, when other inmates who recieved the same injuries during the same time period recieved proper medical treatment and timely surgery. The delay and failure to act in getting me proper medical treatment will cause me more pain and suffering than the original injury which violates my 8th Amendment Rights to Cruel and Unusual Punishment. This mistreatment is retaliation for prior grievances filed and pending civil actions against SCI-Phoenix and its medical department. Because of Phoenix's Medical Department's intentional and deliberate failure to act and denial of proper medical treatment and negligence I am seeking compensatory and psychological damages in the amount of \$NINE HUNDRED THOUSAND DOLLARS (\$900,000.00).

On 8/21/19, my grievance was denied based on the following:

- (1) Seen at outside orthopedic hospital on 8/11/19, follow up scheduled.
- 2) 8/20/19, refused medical treatment (physical therapy).

# I contend that:

- 1) that neither of the responses have anything to do with the original injury or issue at hand.
- 2) that at the visit to the orthopedic hospital it was (A) made clear that I wanted surgery as previously ordered by Hannemann Hospital and COs Ryon and Wells where present for this; and (B) that the doctor at the orthopedic hospital stated that because nearly 4 months had elapsed from the time of the original injury (because of Phoenix's Medical Department's failure to act) that he did not feel comfortable doing the surgery and that if I wanted it then I would have go to a different doctor.
- 3) that I DON'T NEED physical therapy, what I NEED IS SURGERY.

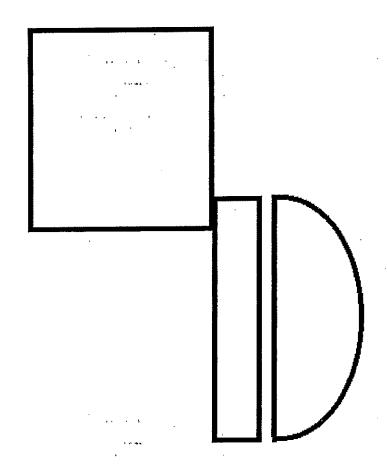
The reasons for the denial of this grievance are insufficient on its face because it fails to explain or address Phoenix's Medical Department's blatant failure and refusal of proper medical treatment when my hand was first broken, why they delayed sending me to the hospital for two months, or why they delayed it another two months before they sent me to another orthopedic hospital. Nor does it address why i still haven't had surgery to date and am continuing to suffer.

[SEE ATTACHED DOCUMENT]

Berjamin Cooper

DATE: 10/16/19

# DISFIGURED



# ATTACHMENT IN SUPPORT OF GRIEVANCE APPEAL

RE: Grievance Appeal No. 810011

On 10/7/19, my appeal to the facility manager was denied based on the following:

I am in reciept of your grievance appeal in which you state you were advised by doctors at the hospital (Hahneman) that due to Phoenix's medical department's failure to act in a timely manner to the injury you sustained on 4/21/19 it caused a disfigurement of your hand by leaving it to heal in a disfigured state...that they advised you that you would need surgery to re-break and reset the bone and that pins would be placed in your hand. You stste that the medical department denied and/or refused you proper medical treatment and was negligent according to Hahnemann Hospital. You state that there was no reason for the medical department to delay proper medical treatment for 2 months...that this mistreatment is retaliation for prior grievances filed and pending civil actions against SCI-Phoenix and the medical department...that neither of the reponses (in denying initial grievanve) have anything to do with the original injury or issue at hand, that at the visit to the orthopedic hospital, it was made clear that you wanted surgery as previously ordered by Hahnemann Hospital and that the doctor at the orthopedic hospital stated that because nearly 4 months had elapsed from the time of the original injury that he did not feel comfortable doing the surgery and that if I wanted it then you would have to go to a different doctor...that you don't need physical therapy, you need surgery. You state the reasons for the denial of the initial grievance is insufficient because it fails to explain the blatant failure and refusal of proper medical treatment when your hand was first broken, why they delayed sending you to a hospital for 2 months or why they delayed another 2 months before they sent you to another orthopedic hospital. You also state that it doesn't address why you haven't had

surgery to date.

Upon review of all available information, I find that there was no failure or refusal to provide you with medical treatment. Your original orthopedic consult was on 4/22/19 and scanned to Hahnemann Orto for scheduling on 4/24/19. You You had an appointment which was rescheduled to 6/21/19. You had a CT scan done on 7/1/19 however, medical did not recieve the CT scan disc and had to request another copy of it as they could not schedule another appointment without the disc. In the meantime, due to the closure of Hahnemann Hospital, Hahnemann Orth stopped seeing patients and you were scheduled with Einstein Orthopedics for an appointment on 8/9/19. Einstein Ortho recommended P/T while you were there, however, you refused that and sighned a DC-462. You are scheduled for a follow up with Einstein Orth.

Based on this information, I am upholding the decision to deny your grievance.

# I contend that:

- 1) Medical records will reflect that on 4/21/19 (a Sunday), after the injury occurred I was sent to medical where I was met by a nurse (Keith). The nurse did his assessment of my hand and was preparing to send me to the hospital. The nurse called the doctor (a male) and told him that my hand was swollen and that based off of his assessment that had multiple fractures or broken bones in my left hand, and that he wanted to send me to the hospital. The doctor **REFUSED** to send me out and told the nurse to wrap my hand up and give me a couple of motrin, and send me back to the block. The nurse tried to tell the doctor again that my hand needed to be taken care of but the doctor re-stated his orders, and the nurse told me there was nothing he could do because the doctor overruled him.
- 2) The records will also reflect that I returned back to medical (on

4/22/19) because the pain had gotten worse and my hand was still swollen, and it was then, after a female nurse practioner saw my hand, that x-rays had been done, and the results showed that I had mulitple fractures and a break in the bones in my thumb. She told the doctor and both reviewed the x-rays together, she advised sending me out. Yet still I was refused proper treatment by the doctor not sending me to the hospital. But was given and prescribed more motrin, tylenol and ice and sent back to the block.

- In the records it will show that Hahnemann Hospital <u>NEVER</u> resheduled the appointment, but that it was Phoenix's medical department that did so to prolong my pain and suffering. So the facility manager was lying.
- In Medical Department's records you will find that on 4/27/19 (a Saturday) another inmate (Aquil Alexander )broke his thumb playing football and was sent to the hospital that day without delay, that he had surgery on his hand the following week without delay and recieved a cast.
- The medical records will reflect that I had a visit to Hahnemann Hospital on 7/1/19 where another x-ray was done and a CT scan was done in preparation for surgery, that I returned that day with all the medical paperwork and the CT scan disc from Hahnemann Hospital. That on 7/2/19, I went to sick call to view the x-ray and CT scan results but that it was not in medical's system as of yet so I was told to put in another sick call slip to come back, that I returned to sick call on 7/3/19 and viewed, both, the x-ray and CT scan results taken at Hahnemann Hospital. See attached exhibit \_\_\_\_\_. So the facility manger was lying.
- 6). In the records you will find that P/T was only brought up by the doctor at Einstein Orthopedics because he didn't feel comfortable

doing the surgery because nearly four months had passed since the injury and my hand had begun healing disfigured. But that he <u>NEVER</u> stated that I didn't need surgery.

7) In the records you will find that the facility manager never spoke to any of my witnesses about any of the events that occured and/or what was said at any of the hospitals. Which shows that the facility manager did not investigate the issue at hand, thus refusing me of my rights due diligence.

# Grievance Referral (Notice to Inmate)



Secretary's Office of Inmate Grievances & Appeals
Pennsylvania Department of Corrections
1920 Technology Parkway
Mechanicsburg, PA 17050

12/04/2019 01:21

FA- 1004-01

Inmate Name:	COOPER, BENJAMIN	DOC#:	GE0213
Sellisleda	Ehoailx	CommentsCharge	PlinoeniiX
THE PARTY OF THE P	810011	A CONTRACTOR OF THE PROPERTY O	

This serves to acknowledge receipt of your appeal to final review for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", this Office has reviewed the documents submitted; including your initial grievance, the grievance officer's response, your appeal to the facility manager, the facility manager's response, and the issues you raised to final review. Upon completion of this review, it is the determination of this Office to solicit input from an appropriate Central Office Bureau relative to the issue(s) raised in your grievance. Therefore, please be advised that the final review decision will be delayed pending review by the office to which it has been referred. Upon completion of this review, however, a determination will be made and you will be provided with a final appeal decision in writing.

Will t	oe brovided mitu a uuai abbaai deci	SIDILIII WILANIS.
	on: Referral eau/Office:	
	Health Care - Referral Date : 12	/04/2019
	And the state of t	
Sigr	ature:	Veri Ware An
Main	(G)	
Title	):	Chief Grievance Officer
par		
cc:	DC-15/Superintendent - Phoenix Grievance Office	

Grievance Office

KLM

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-I

GE0213 . Grievance #:810011

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

Page1 of 1



# **Final Appeal Decision**

Secretary's Office of Inmate Grievances & Appeals Pennsylvania Department of Corrections 1920 Technology Parkway Mechanicsburg, PA 17050

		y ·, ·, ·, ·	
			GE0213
SCI Filed: (2) (2)	Phoenix		Phoenix 1995
Grievance #:	810011		

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted above. In accordance with the provisions of DC-ADM 804, Inmate Grievance System Policy, the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

# **Decision:Uphold Response**

It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the Initial response; uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

# Response:

Your concern of not being provided proper medical care was reviewed by the staff at the Bureau of Health Care Services. They thoroughly reviewed your medical record and determined that the medical care provided was reasonable and appropriate. Their findings concur with the initial review response.

These clinical decisions are made by your attending practitioner, You are encouraged to participate in your treatment plan and discuss your concerns or changes of condition with a practitioner. They found no evidence of wrongdoing. Therefore, this office upholds the responses provided to you and your requested relief is denied.

Signature:	
Name:	D. Varner
Title:	Chief Grievance Officer
Date:	

CC: DC-15/Superintendent - Phoenix Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-F

GE0213 Grievance #:810011

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

Page1 of 1



# **Initial Review Response**

SCI Phoenix

Collegeville, PA, 19426

08/21/2019 12:25

Inmate Name:	COOPER, BENJAMIN	DOC #:	GE0213
Facility: Grievance #:	Phoenix 810011	Unit Location:	H/B HBING
F		o the assigned Grieva	nnce Officer. The response is as follows:
Decision:Grievance It is the decision or a d	e Denied on of this Grievance Officer to uph	old, deny, or uphold i lonale, a summary of	n part/deny in part the inmate's initial the conclusion, any action taken to
Response:			
Seen at outside ortho	opedic hospital on 08-09-2019, foll	ow-up scheduled.	
Grievance Denied.			
Resolution: Please b	e mindful adhere to all recommend	led medical treatment	s and appointments.
Signature:			tion - existender pour l'approprié récir chaéidhapás pascinan.
Name:	M. Savage		
Title: Approver:	RNS K. Owens 🥢		
Date:	August 21, 20	)19	
CC: Facility Grievand DC-15	e Coordinator		

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

GE0213 Grievance #:810011

COOPER, BENJAMIN

Page1 of 1

Issued: 1/26/2016 Effective: 2/16/2016

# Benjamin Cooper GE-0213 BLOCK/CELL HB-1019

TO: Tammy Ferguson, SUPT.
SCI-PHOENIX

RE: GRIEVANCE APPEAL, NO. 810011

Supt. Ferguson,

filed a grievance on 6/27/19 contending that:

Based on the extreme pain and torture I continue to suffer - On 6/21/19, I was taken to Hannemann Hospital about my broken thumb and injury to my left hand which occured on 4/21/19 by C/os Griffin and John doe. At the hospital X-rays were taken that showed: 1) the bone in my thumb was completely broken into two pieces; and 2)that the tips of both bones are laying sisde by side next to each other and are healing in that position.

was advised by the doctors at the hospital that due to Phoenix's Medical Department's failure to act in a timely manner to the injury I sustained on 4/21/19 that it caused a disfigurement of my hand by leaving it to heal in a disfigured state. They also advised me that I would need surgery to rebreak and reset the bone and that pins would be placed in my hand, that I should have been brought to them shortly after the injury had occured where they could have just set the bone so that it could have healed properly, not two months later.

Phoenix's Medical Department deliberately denied and/or refused me proper medical treatment and was negligent according to Hannemann Hospital. There was no reason for Phoenix's Medical Department to prolong my pain and suffering and delay proper medical treatment for two months when other inmates who recieved the same injuries during the same time period recieved proper medical treatment and timely surgery. The delay and failure to act in getting me proper medical treatment will cause me more pain and suffering than the original injury which violates my 8th Amendment Rights to Cruel and Unusual Punishment. This mistreatment is retaliation for prior grievances filed and pending civil actions against SCi-Phoenix and its medical department. Because of Phoenix's Medical Department's intentional and deliberate failure to act and denial of proper medical treatment and negligence I am seeking compensatory and psychological damages in the amount of \$NINE HUNDRED THOUSAND DOLLARS (\$900,000.00).

On 8/21/19, my grievance was denied based on the following:

- 1) Seen at outside orthopedic hospital on 8/11/19, follow up scheduled.
  - 2) 8/20/19, refused medical treatment (physical therapy).

l contend that:

11 100 1

- that neither of the responses have anything to do with the original injury or issue at hand.
- 2) that at the visit to the orthopedic hospital it was (A) made clear that I wanted surgery as previously ordered by Hannemann Hospital and COs Ryon and Wells where present for this; and (B) that the doctor at the orthopedic hospital stated that because nearly 4 months had elapsed from the time of the original injury (because of Phoenix's Medical Department's failure to act) that he did not feel comfortable doing the surgery and that if I wanted it then I would have go to a different doctor.
- 3) that I DON'T NEED physical therapy, what I NEED IS SURGERY.

The reasons for the denial of this grievance are insufficient on its face because it fails to explain or address Phoenix's Medical Department's blatant failure and refusal of proper medical treatment when my hand was first broken, why they delayed sending me to the hospital for two months, or why they delayed it another two months before they sent me to another orthopedic hospital. Nor does it address why i still haven't had surgery to date and am continuing to suffer.

Benjamin Cooper

DATE 8/29/19

# **APPENDIX "C"**

DC-804 Part 1

# **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS**

FOR OFFICIAL USE 810013 **GRIEVANCE NUMBER** 

OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DAŢE:
	SCI-Phoenix	6/28/19
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	
Benjamin Cooper GIE0213	15-J-Cy	
Benjamin Cooper GIEOZI3 WORK ASSIGNMENT:	HOUSING ASSIGNMENT	
laundry	HB1019	
INSTRUCTIONS:		
1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.		
2. State your grievance in Block A in a brief and understandable manner.		
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of		
staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two		
pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking,		
On 6/21/19, the doctors at Hangemann hospital put in an order for		
me to continue treatment of getting tyhenol, motion and ice treatment		
for my broken and Injured hand. On 6/26/19, I went to sick call and		
the doctor refused to continue giving me pain medication and ice		
for my injury disregarding the Hospitals orders. He stated the they		
(the medical dept.) were satisfied with the way my hand was healing.		
The state of my hand is as follows: the bone in my thumb is broken in		
half and the sate and and I I I I I I I I I		
I will need surgery to fix my hand but according to		
I will need surgery to fix my hand but according to the ductor, he and the medical department are fine leaving my hand the way it is.  For medicals refusal to and give trust and the way it is.		
For medicals retusal to and give treatment for my hand despite		
hospital ofders I am seeking compensatury damages in the		
hospital orders I am seeking compensatory damages in the amount of Frotondred (housand Dollars (#200,000.00).		
B. List actions taken and staff you have contacted, before submitting this grievance.		
Bick call doctor		
Your grievance has been received and will be processed in accordance with DC-ADM 804.		
1/1/1/1//		-161/c

Signature of Facility Grievance Coordinator

WHITE Facility Grievance Coordinator Copy **GOLDEN ROD Inmate Copy** 

**CANARY File Copy** 

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 - Grievances & Initial Review

Issued: 1/26/2016 Effective: 2/16/2016 Attachment 1-A

# Benjamin Cooper GE-0213 BLOCK/CELL HB-1019

O: Tammy Ferguson, SUPT.

RE: GRIEVANCE APPEAL, NO. 810013

Supt. Ferguson,

| | |

I filed a grievance on 6/28/19 contending that:

On 2/21/19, the doctors had Hannemann Hospital put in an order for me to continue the same treatment of getting tylenol, motrin and ice treatment for my broken and injured hand. On 6/26/19, I went to sick call and the doctor refused to continue giving me pain medication and ice treatment for my injury, disaregarding the Hanneman Hopsital's orders. He stated that they (Phoenix's Medical Department) were satisfied with the way my hand was healing.

the state of my hand is as follows: the bone in my thumb is broken in half and the ends are lying next to each other and healing (disfigured). I will need surgery to fix my hand, but according to the doctor, he and the medical department are fine leaving my hand the way that it is.

For medicals refusal to give treatment for my hand despite (Hannemann) Hospital's orders I am seeking compensatory damages in the amount of \$ TWO HUNDRED THOUSAND DOLLARS (\$200,000.00).

On 8/21/19, my grievance was denied based on the following:

1) pain medication prescribed from 04/26 thru 07/17, 2019

# I contend that:

- 1) that the pain medication was stopped on and/or about 6/17/19, right before I went to Hannemann Hospital.
- 2) that sick call doctor John Doe refused to re-order the pain medication.
- 3) that non of the follow up sick call visit doctors would re-order any pain medication for me until I slipped in the shower injuring my hand further.

The reasons for the denial of this grievance are insufficient on its face because it fails to explain or address Phoenix's Medical Department's blatant failure and refusal to continue to give pain medication treatment when Hannemann Hospital ordered them to, why they delayed giving me more pain

medication until my hand was injured more. If a proper investigation was done it would have been discovered that through sick call when the medication was done and when and why it was re-ordered .

Benjamin Copper

DATE: 8/29/19 CC: FILE



#### Facility Manager's Appeal Response

SCI Phoenix

Collegeville, PA, 19426

09/20/2019 08:06

Inmate Name:	COOPER,	DOC #:	GE0213
Facility:	Phoenix	Unit Location:	H/B 10[9-0]
Grievance #:	810013		

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

#### **Decision:Uphold Response**

It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

#### Response:

I am in receipt of your grievance appeal in which you state the doctors at Hahnemann Hospital put in an order for you to continue the same treatment of getting Tylenol, Motrin and ice treatment for your broken and injured hand. You state that on 6/26/19, you went to sick call and the doctor refused to continue giving you pain medication and ice treatment for your injury disregarding Hahnemann Hospitals orders. You state that on or about 6/17/19, pain medication was stopped right before you went to Hahnemann Hospital, that the sick call doctor refused to reorder the medication and that none of the follow-up sick call doctors would reorder any pain medication for you until you slipped in the shower injuring your hand further. You are requesting compensatory damages in the amount of \$200,000.00.

I have reviewed available information and find that your pain medication was not discontinued on or about 6/17/19 but did become inactive on 7/17/2019. Be advised, pain medication is prescribed at the provider's discretion not be patient demand.

Based on this information, I am upholding the decision to deny your grievance and denying the requesting compensatory damages you requested.

Signature:

Name

Title:

Facility Manager

T. Ferguson

Date:

9.30.19

cc: DC-15 File

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

GE0213 Grievance #: 810013

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016



#### **Initial Review Response**

SCI Phoenix

Collegeville, PA, 19426

08/21/2019 12:24

Inmate Name:	COOPER, BENJAMIN	DOC #:	GE0213
Facility:	Phoenix	Unit Location:	H/B HQ1019
Grievance #:	810013		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

#### **Decision: Grievance Denied**

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

#### Response:

Pain medication prescribed from 04/26 thru 07/17, 2019.

Grievance Denied

Resolution: Please be mindful to adhere to treatment plan from Provider and keep upcoming appointments.

	00: E19: O-1	
1	Date:	August 21, 2019
	Approver:	K. Owens
	Title:	RNS
	Name:	M. Savage
	Signature:	

CC: Facility Grievance Coordinator DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

GE0213 Grievance #:810013

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016



#### Final Appeal Decision

Secretary's Office of Inmate Grievances & Appeals Pennsylvania Department of Corrections 1920 Technology Parkway Mechanicsburg, PA 17050

		sburg, PA 17050		
Inmate Name:	COOPER, BENJAMIN	DOC#:	GE0213	and the state of t
SCITIEUS Grievance #:	Rhoenix 810013	GuirentSolf	Flocenix	
the grievance noted abo following response is be your initial grievance, the response, the Issues you a result of a subsequent (e.g., Health Care Service	dge receipt of your appeal to the ve. In accordance with the proving provided based on a review of Grievance Officer's response, a raised to final review, and (where the control of the c	risions of DC-ADM of the entire record your appeal to the en applicable) any as necessary, input pecial investigations	804, Inmate Grievance Syd of this grievance. The revised institutional responsion appropriate Central C	stem Policy, the view included lity Manager's nses required as Office Bureaus
Decision:Uphold Resp Itals the decision uphold the impac can be going the	onse ndha isecial civis Office orbinno con Uphold Injectif Dany Inject illondal cin to desalve incussite	le (e) (evences em Mile (esponse vil (s) (e) session em	Z ppeals to Wahold hejhir Rholude abiletrationale Svanos enclyou appeallar	El inespolase sulaime pizing data ad pellete ovojats
Response:	क्षाच्या प्राप्त क्षाच्या विद्या स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थाप -	न्यान वर्तनामा निर्माणको स्थापनी राज्यानी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्थापनी स्था ।	विकास स्थापना विकास स्थापना विकास स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्था स्थापना स्थापना स्थापन	Personal Control of the Control of t
Services. They thoroughl	g provided proper medical care y reviewed your medical record ate. Their findings concur with t	and determined th	nat the medical care provid	ealth Care ed was
plan and discuss your co	are made by your attending pra ncerns or changes of condition olds the responses provided to	with a practitioner.	They found no evidence of	ı your treatment of wrongdoing.
				,
Signature:	Keni Woon	2_{m	TO SECRETARY AREA SECRETARY STATES OF SECRETARY AND SECRET	
Varrie: Title:	Chief Grievance			
Pajer	00//20//20			
CC: DC-15/Superintende Grievance Office	nt - Phoenix			

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-F

Issued: 1/26/2016 Effective: 2/16/2016

GE0213 Grievance #:810013

COOPER, BENJAMIN

# Grievance Referral (Notice to Inmate)



Secretary's Office of Inmate Grievances & Appeals Pennsylvania Department of Corrections 1920 Technology Parkway Mechanicsburg, PA 17050

HB 101901

#### 11/19/2019 09:54

	COOPER, BENJAMIN	DOC #:	GE0213
Stolliations	Phoenix	(Cirinterin SCI)	Rhoenix
Grievance #:	810013	·	and was the later to the state of the state

This serves to acknowledge receipt of your appeal to final review for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", this Office has reviewed the documents submitted; including your initial grievance, the grievance officer's response, your appeal to the facility manager, the facility manager's response, and the issues you raised to final review. Upon completion of this review, it is the determination of this Office to solicit input from an appropriate Central Office Bureau relative to the issue(s) raised in your grievance. Therefore, please be advised that the final review decision will be delayed pending review by the office to which it has been referred. Upon completion of this review, however, a determination will be made and you will be provided with a final appeal decision in writing.

Action: Referral	
Bureau/Office:	
Health Care - Referra	Date : 11/19/2019
	h
Signature:	leu litto, co
Maigne	Dis Valing)
Title:	Chief Grievance Officer
Dare: Page 1	
cc: DC-15/Superintendent - Grievance Office	Phoenix

KLM

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-I

GE0213 Grievance #:810013

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

# **APPENDIX "D"**

Case 2:20-cv-0 5-PD Documen 2 Filed 09/17/2 Page 49 of 108

DC-804 Part 1

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFIC	AL USE
GŘIEVANO	E NUMBER

INMATE G	

OTTIONAL INTENTION	
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY! U   DATE:
	Phoenix 8/9/19
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:
Benjamia Cooper GEOZIS	B-7-C4
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:
laundry	HB1019

#### INSTRUCTIONS:

- 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2. State your grievance in Block A in a brief and understandable manner.
- 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.
- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

  On 8/9/19, I was taken to Einstein Hospital near King of Prossia Mall. The ductor there, this me that because nearly 4 months had elapsed with my thomb broken and it healing distigured, he did not feel comfortable doing the surgery so he wouldn't doit. He said that if I wanted surgery done that I would have to find a different doctor to doit, intedical Dept's supervisor intentionally sent me to a hospital and doctor that would prolong my injury, Pain and suffering by not doing the surgery, thus following their wishes and saving them money (the prison). This violates my 8th Amendment Rights turther and shows a specific intent and blutant disregard and denial for proper medical treatment.

disregard and denial for proper medical treatment.

I am requesting to be sent to a different hospital so that I can get surgery to fix my hand and end my pain and suffering. I also seek \$300,000.00 three hundred thousand dollars for compensatory dumages.

B. List actions taken and staff you have contacted, before submitting this grievance.

I sent request slips to SuperIntendent Ferguson, Deputy Sipple, Mayor Clark, and Medical Dapt's SuperVisor

I spare with nurse Jane Due upon my return

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

PINK Action Return Copy

WHITE Facility Grievance Coordinator Copy GOLDEN ROD Inmate Copy

CANARY File Copy

DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 – Grievances & Initial Review

Issued: 1/26/2016 Effective: 2/16/2016 Attachment 1-A

7/4/19



#### Initial Review Response

SCI Phoenix

Collegeville, PA, 19426

10/02/2019 02:55

Inmate Name:	COOPER,	BENJAMIN	DOC #:	GE0213	0 - 1
Facility:	Phoenix		Unit Location:	: H/в: 10°	19=0:1
 Grievance #:	817679	97		and the second s	e en antigar partier de la companya

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

#### **Decision: Grievance Denied**

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

#### Response:

Mr. cooper you stated, "On 8/9/19, I was taken to Einstein Hospital near King of Prussia Mall. The doctor there, told me that because nearly 4 months had elapsed with my thumb broken and it healing disfigured, he did not feel comfortable doing the surgery so he wouldn't do it. He said that if I wanted surgery done that I would have to find a different doctor that would prolong my injury, pain and suffering by not doing the surgery thus following their wishes and saving them money (the prison). this violates my 8th amendment rights further and shows a specific intent and blatant disregard and denial for proper medical treatment. I am requesting to be sent to a different hospital so that I can get surgery to fix my hand and end my pain and suffering.

Documentation indicates:

You have an up coming orthopedic appointment.

Grievance Denied.

Resolution: Sick call as/if needed for any discomfort.

Signature:

Name:

M: Savage

Title:

Approver:

Date:

10/2/2019

CC: Facility Grievance Coordinator DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

GE0213 Grievance #:817679

COOPER, BENJAMIN

Page1 of 1

Issued: 1/26/2016 Effective: 2/16/2016

# **APPENDIX "E"**

	Commonwealth of Pennsylvania		
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections		
MINIALE O NEGOEOT TO CTAIT INEMBER	INSTRUCTIONS		
	Complete items number 1-8. If you follow instructions in		
	preparing your request, it can be responded to more		
	promptly and intelligently.		
To: (Name and Title of Officer)	2. Date:		
Superintendent Tammy Ferguson	8/9/17		
3. By: (Print Inmate Name and Number)	4. Counselor's Name: DECEIVE		
Benjamin Cooper GEOZI3	Gery 10 2018		
B	5. Unit Manager's Name: AUG 12 2013		
Inmeta Signatura	StrenKowski		
/ Inmate Signature			
6. Work Assignment:	7. Housing Assignment:		
laundry	HB1019		
3. Subject: State your request completely but briefly. Give			
On 8/9/19, I was taken to Einstein	Hospital near King of Prussia Mallo		
The doctor there, told me that because	e nearly 4 months had exposed		
with my broken thimb and it began	healing distigned, he did not fee		
on to Hable do no the surgery so he	e would not do the surgery. He san		
thert if I wanted the surger con	o that I would have to time!		
another doctor to do it. The medical dept,'s supervisor intentionally sent			
me to a hospital and doctor that would follow their wishes prelenging			
my hand by doing the surgery, and thus tixting the many and ending my pain			
and suffering I am requesting that I be sent to a different hospital			
and doctor so that I can get surgery	. i 12		
	TE I'M MY THONE WAS OND THE FOURT		
ne sufferinge			
	cc; fole		
Response: (This Section for Staff Response Only)			
Response: (This Section for Staff Response Only)			
Response: (This Section for Staff Response Only)			
2. Response: (This Section for Staff Response Only)	a well traves free		
9. Response: (This Section for Staff Response Only)  The medical Derect Recommendation of	n well treves free Ze ortheide		
Response: (This Section for Staff Response Only)  The medical Bereak Recommendation of the provider and alettern	n well travers fra Te orthodo we a Course for		
Response: (This Section for Staff Response Only)  Recommendation  Recommendati	n well rever the Te orthede we a course for have any questions		
Response: (This Section for Staff Response Only)  Recommendation  Recommendation  Recommendation  Recommendation  Recommendation  Frankfuller and aletium  Frankfuller for free free	re vell creves tre. The orlhede une a Course for have any quations arment plan, you		
9. Response: (This Section for Staff Response Only)  The medical Derich  Recommendation of feature  Accorder and eletern  Freatment: If for  Irelated to free the	re well travers free Te ortherde we a Course for have any questions atment plan, you leaves from which		
9. Response: (This Section for Staff Response Only)  The medical Perest  Recommendation of f  provider and aletern  Fractionents—If (for  trelated to fu the  are cercuraged to a  the medical provider	r well trevers fre.  The orthodo  The orthod		
9. Response: (This Section for Staff Response Only)  Le medical Perest  Recommendation of f	re well trevers free The orthands we are grandwards where any grandwards admind plan, fore leans from which ir. The moderal considerations		
Response: (This Section for Staff Response Only)  The medical Acrest  Recommendation of free free  Freatment: If (free  Are closed fo free free  Are closed fo proceed  Operation of phoenic	The well beautiful for have any quadrons at the well as the week of the week o		
The medical Derick Recommendation of f provider and determ Frankment: - If you trelated to fur the are recommand to a tre unideal provider provider at phoens	re well crews for  The orthodo  The orthodo  The se Course for  have any quotions  atment plan, you  leans from with  to The medical  Comples all deaseins		

Crelated to the medical freatment plan.

- If you are Notil experiences reacted with

7.2.1, Counseling Services Procedures Manual - Section 3, Request Slips Attachment 3-A

Low Thunk, you Can Usign up for week

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
MINIMIES REGOEST TO STATE MEMBER	INSTRUCTIONS
·	Complete items number 1-8. If you follow instructions in
	preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date:
Deputy Sipple	8/9/19
3. By: (Print Inmate Name and Number)	4. Counselor's Name:
Bengamin Congar Crisoz 13	Greny
D C	5. Unit Manager's Name:
Inmate Signature	StrenKowski
6. Work Assignment:	7. Housing Assignment:
larndy	H31019
8. Subject: State your request completely but briefly. Give	
On 8/9/19, I was to Ken to Finster this Hal	····
Indiana that here was and the damaile in	I al a col all H by V I ch
healthe distance by delantice com	I elapsed with my thomb broken and it ortable doting the surgery so he wouldn't
dost the sold that it I wanted the sun	very done that I would have to tinda
a dellerent doct con do 8	Tory ourse that I would have rother
The neglect destis superisor intentions	ly sent me to a hospital and doctor that
would tallow thete where in and notice	found and and suffering by the
the surgery. Instead of repatring my fire	and by dalong the success and they there
the injury and inding my para and suffe	and the second of the second o
I am neureling the state in the addition	and hospital and doctor so that I can
get surray to the my hand and and one po	Arand soffaring.
y	<u> </u>
	0,
A D. /Till Seatler for Sloff Boscopic Only)	aci lite
9. Response: (This Section for Staff Response Only)	
	A. A
	•
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
TAFF MEMBER NAME	DATE
Print	Signature

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
MARIE O NEGOEOT 10 OTAL MEMBER	INSTRUCTIONS
	Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date: 8/9/19
By: (Print Inmate Name and Number)	4. Counselor's Name:
Benjamin Cooper GEOZIS	Greny
B-J-G-	5. Unit Manager's Name:  Strenkowski
Inmate Signature	
6. Work Assignment:	7. Housing Assignment: # 15 1019
8. Subject: State your request completely but briefly. Giv	e details.
On 8/9/19 I was taken to Elaster Ho	softed near King of Irussia Mall. The
	arty 4 months had classed with my brokes
thing and it began healing distinct he survey so he wouldn't do it he said it	
I would have to trada different ductor	to do it.
The medical dept's supervisor intentional	ly sent me to a haspetal and dactor that
would follow their wishes In prolongers my	
J / / / / / / / / / / / / / / / / / / /	and by dotno the surgery and thus, sixing
the injury ward and for my poolin and suffer	engage Uttorent hospital and doctor so that I
Can get summer to the my he al and 3nd in	<i>j (</i> 50) ,
Can get surgery to 11x 110 meno access	777
	cci file
9. Response: (This Section for Staff Response Only)	
9. (Nesponse: (11118 Section to Stan Nesponse City)	
	·
	•
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS
STATE MEMBED NAME	DATE
STAFF MEMBER NAME	Signature

Form DC-135A	Commonwealth of Pennsylvania
INMATEIN DECUIENT TO OTHER MEMBER	Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER	
	INSTRUCTIONS
	Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more
	preparing your request, it can be responded to more promptly and intelligently.
To: (Name and Title of Officer)	2. Date: , ,
Superintendent Tammy-terguson	8/9/19
, ~	4. Counselor's Name;
1 ' '	<b>A</b>
Benjamin Cooper GEOZI3	Greny
13-C	5. Unit Manager's Name:
Inmate Signature	Strenkowski
6. Work Assignment:	
Jamany	7. Housing Assignment:
	HB1019
8. Subject: State your request completely but briefly. Give	····· · · · · · · · · · · · · · · · ·
On 8/9/19, I was laken to Einster's	· Huspital near King of Prussia Mall.
The doctor there, told me that because	se nearly 4 months had expsed
with my broken thumb and it began	healtha distracted he did not feel
contoftable doing the surgery Sch	or would not do the surgary, He said
that If I wanted the surger don	
another doctor to dot. The melice	
	would follow their wishes prolonging
	Enothe evryery. In stead, of reputing
and suffering. I am requesting that	
and doctor so that I can get surgery	to Hx my hand and end my pain
and sufferinge	1.
0 D	cc: life
9. Response: (This Section for Staff Response Only)	
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
TAFF MEMBER NAME	DATE
Print	Signature

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
MARIE O REGOEST TO OTHER MEMBER	INSTRUCTIONS
	Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
To: (Name and Title of Officer)	2. Date:
Madreal Dept. Supervisor	8/9/19
3. By: (Print Inmate Name and Number)	4. Counselor's Name:
Benjavala Comper Cotto713	Chen
72	5. Unit Manager's Name:
D. J. C.	Strawski
Inmate Signature	
6. Work Assignment:	7. Housing Assignment:
	HB1019
8. Subject: State your request completely but briefly. Give	
On 8/9/19, I was taken to Einstein Hospita	
said that because nearly 4 months has	delapsed with my throub baken and it
healing distigned, he delast tool comfort	bable dating the surgery so he wouldn't do
A. Hasas Hart 4-7 monted surgery dan	a their I would have to that a different
doctor to do st.	. 16
I am requesting that I be sent to a	different hospital and ductors it at I
can get survey to the my hand and en	d mypain and subjectings
, , , , , , , , , , , , , , , , , , ,	
	•
	Λ.
	cas He
Response: (This Section for Staff Response Only)	
	٠.
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
	D.ATC
FAFF MEMBER NAMEPrint	DATE Signature
	<u> </u>

# **APPENDIX "F"**

1 of 2

DC-804 Part 1

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFICIAL	USE
GRIEVANCE	NUMBER

OFFICIAL INMATE GRIEVANCE

•
_

#### INSTRUCTIONS:

- 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2. State your grievance in Block A in a brief and understandable manner.
- 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.
- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

I WENT OUT TO GET SURGERY ON 12-3-19 (TUESDAY) AT EINSTEIN HOSPITAL IN NORRIS TOWN. WHILE AT THE HOSPITAL THE DOCTOR TOLD ME THAT HE WAS PRESCRIBING PERCOCETS OF THE PAIN. UPON RETURNING TO THE MEDICAL DEPARTMENT AT SCI-PHOENIX THE MUSRE WHO WAS LOOKING THROUGH THE HOSPITAL'S NOTES AND ORDERS TOLD ME THAT THEY WOULD NOT BE GIVING ME ANY PERCOCETS ONLY TYLENOL 4S. THUS REFUSING TO OBEY HOSPITEAL ORDERS AGAIN WHEN IT COMES TO MY MEDICAL TREATMENT. I CONTEND THAT THE ONLY THING THAT THE TYLENOLS DO FOR ME TIRED TO TRHE POINT THAT I CAN SLEEP THROUGH THE PAIN BUT IT DOES NOTHING FOR THE ACTUAL PAIN. THIS REFUSAL OF THE HOSPITAL'S ORDERS TO GIVE ME THE PROPER MEDICAL TREATMENT IS PROLONGING MY PAIN AND SUFFERING. THIS IS A FORM OF RETALIATION BECAUSE OF PRIOR GRIEVANCES FILED AND PENDING CIVIL ACTION AGAINST THE INSTITUTION AND THE MEDICAL DEPARTMENT. THIS IS A VIOLATION OF MY \*TH AMENDMENT RIGHTS

B. List actions taken and staff you have contacted, before submitting this grievance.

NURSE JANE DOE

MEDICAL DEPARMENT STAFF MEMBERS

Your grievance has been received and will be processed in accordance with DC-ADM 804.				
Signature of Facility Grievance Coordinator	•		Date	r
WHITE Facility Grievance Coordinator Copy GOLDEN ROD Inmate Copy	CANARY File Copy	PINK Action Re	eturn Copy	

DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 – Grievances & Initial Review

Attachment 1-A

Issued: 1/26/2016 Effective: 2/16/2016

#### 2 OF 2

AGAINST CRUEL AND UNUSUAL PUNISHMENT. THE MEDICAL
DEPARTMENT DOES GIVE OUT THIS MEDICATION, THEY ARE
SIMPLY REFUSING TO GIVE IT TO ME (EVEN THOUGH IT WAS
ORDERED BY THE HOSPITAL) TO PROLONG MY PAIN AND
SUFFERING. I CONTEND THAT I AM SEEKING \$400,000.00 (FOUR
HUNDRED THOUSAND DOLLARS) IN COMPENSATORY DAMAGES.



#### Initial Review Response

SCI Phoenix 1200 Mokychic Drive Collegeville, PA, 19426

01/02/2020 09:27

		wall and the second	and the second s	ang
	Inmate Name:	COOPER, BENJAMIN	DOC #:	GE0213
			Init location	F/A
	Facility:	KUOGUIX	Sevil Hills Paramatic programme	nd N. 25 files decimación inservinentes fina estados as anticolores.
į	Grievance #:	838605	1	
	<b>4</b> ,, <b>4</b> ,, <b>4</b> ,,,		and the second s	ways, make any control of the contro

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows: 

#### Decision:Grievance Denied

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part/the inmate's initial grievance: «This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought

#### Response:

Mr. Cooper you stated, "I went out to get surgery on 12-3-19 (Tuesday) at Einstein hospital in Norristown. while at the hospital the doctor told me that he was prescribing percocets of the pain. upon returning to the medical department at SCI PHX the nurse who was looking through the hospital's notes and orders told me that they would not be giving me any percocets only Tylenol 4S. thus refusing to obey hospital orders again when it comes to my medical treatment. I contend that the only thing that the Tylenols do for me tired to the point that I can sleep through the pain but it does nothing for the actual pain. this refusal of the hospital's orders to give me the proper medical treatment is prolonging my pain and suffering".

As per Provider(s), you were seen on 12/3/2019 when you returned from a same-day procedure on left thumb corrective surgery. Outside hospital medical recommendations are reviewed by the facility providers and at their discretion would be ordered. You were provided with Tylenol. You received appropriate medical care.

Grievance denied. Any requested relief is denied.

	The standard of the standard o
Signature: Name:	M. Savage
Title: Approver:	K Owens (C) January 2, 2020
Date:	and the control of th

cc: Facility Grievance Coordinator DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

GE0213 Grievance #:838605

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

#### Case 2:20-cv-04595-PD Document 2 Filed 09/17/20 Page 55 of 108

Benjamin Cooper GE-0213 SCI PHOENIX 1200 Mokychic Drive Collegeville, PA 19426

Tammy Ferguson, Superintendant SCI PHOENIX 12200 Mokychic Drive Collegeville, PA 19426

GRIEVANCE APPEAL: 838605

On 1/2/20, my grievance was denied by K. Owens, citing that "you were seen on 12/3/19 when you returned from a same-day procedure on left thumb corrective surgery. Outside hospital medical recommendations are reviewed by the facility providers and at their discretion would be ordered. You were provided with Tylenol. You recieved appropriate medical care. Grievance denied. Any requested relief is denied."

I contend that: 1) Dr. Jake T. Cummings spoke to the head of the medical department personally and it was established then that I would get percocets for the pain; 2) after the first time the jail denied me the medication that the hospital ordered, the hospital ordered 800 mg for my pain and that too was denied by the jail; that the jail gave me tylenol 4s, which is sufficient for relieving moderate pain, not the type of pain that I was going through; 3) that the surgery to rebreak the bone in my thumb to fix it caused more pain then the actual injury; 4) pre-surgery the tylenol 4s would have been sufficient but post-surgery they are insufficient because of the level of pain that I am in. As stated before I am seeking

Dollars.

DATED: 1/10/20

Benjamin Cooper

cc: file lawyers family



#### Facility Manager's Appeal Response

SCI Phoenix 1200 Mokychic Drive Collegeville, PA, 19426

01/17/2020 01:49

Inmate Name:	COOPER, BENJAMIN	DOC #:	GE0213
Facility:	Phoenix	Unit Location:	F/A TOSH-OV
Grievance #:	838605	a time of the second of the second contract of the second	and the state of t

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

#### **Decision:Uphold Response**

It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

#### Response:

I am in receipt of your grievance appeal in which you state your grievance was denied by K. Owens. You state Dr. Cummings spoke to the head of the medical department personally and it was established then that you were to get Percocet's for the pain. You state due to the level of pain you are in from having thumb surgery, Tylenol 4s are not sufficient. You are requesting the original relief.

Upon review of available information, I find the grievance officer's response appropriate. Your grievance was not denied by K. Owens, rather, it was denied by the assigned grievance officer. As indicated in the initial review response, all outside hospital medical recommendations are reviewed by the medical provider; it is at their discretion what medication is ordered.

Based on this information, I am upholding the decision of the grievance officer and denying your requested relief.

Signature:

Name

Facility Manager

Date:

cc: DC-15 File

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

GE0213 Grievance #:838605

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

Benjamin Cooper GE - 0213 SCI Phoenix 1200 Mokychic Drive Collegeville, PA 19426

Secretary's Office of Inmate Grievances & Appeals Pennsylvania Dept. of Corr. 1920 Technology Parkway Mechanicsburg, PA 17050

Grievance Appeal No.: 838605

On 12/7/19, I filed a grievance stating that I was being denied the medications that the hospital ordered for post surgery pain in my left hand, that this was the second time the medical dept. denied me medications that a hospital cordered for my pain, that the denial of proper medical treatment in the eyes of the hospitals were forms of retaliation

violated my my 8th Amendment Rights against cruel and unusual punishment. That the medical department does give out this medica medication but denied me of it to prolong my pain and suffering, and that I am seeking \$400,000.00 (four hundred thousand dollars),

On 1/2/20, Ms. K. Owens denied my grievance at stating that outside hospital recomendations are reviewed by the facility providers and at their discretion would be ordered. You were provided with tylenol. You received appropriate medical care.

On 1/10/20, I appealed to the facility manager stating that the doctor at the hospital spoke with the head of the medical department here at SCI Phoenix and it was established that I would receive percocets for the reconstructive surgery. That after the medical department denied me this the doctor at the hospital then ordered 800 mg of motrine for the pain and that too was denied by the medical department. That the tylenol may have been sufficient before the surgery but not after the surgery when the re-break would cause more pain than the actually injury.

On 1/17/20, my appeal was denied by the facility manager stating that the grievance officer's response was appropriate. That it was not denied by K. Owens (who signed it though she did no investigation into the matter, which is also fraud) but rather answered by an unnamed person.

I contend still, that SCI Phoenix's medical department denied me proper medical treatment by denying me the medication that the doctor (Jake T. Cummings) at Einstein Hospital ordered for me on two different occassions without proper reasoning. That they gave me what they wanted to give me which did not coincide with the standard for the proper medications after having the type of surgery that I had. That this constituted cruel and

### Case 2:20-cv-04595-PD Document 2 Filed 09/17/20 Page 58 of 108

unusual punishment and violated my 8th Amendment Rights. That I am seeking \$400,000.00 (four hundred thousand dollars) in compensatory and emotional damages.

DATED: 1/31/20

Benjamin Coope

## Grievance Referral (Notice to Inmate)



Secretary's Office of Inmate Grievances & Appeals Pennsylvania Department of Corrections 1920 Technology Parkway Mechanicsburg, PA 17050

02/20/2020 01:17

1				
Inmate Name:	COOPER, BENJAMIN	DOC#:	GE0213	
SONFILEGIE Grievance #:	P  (0≦11X 838605	@nneitseil ·	lehoëne.	
This serves to acknowledg the provisions of DC-ADM submitted; including your in facility manager's response determination of this Office your grievance. Therefore, office to which it has been will be provided with a final	804, "Inmate Grievance Synitial grievance, the grievance, the grievance, and the issues you raise to solicit input from an appelease be advised that the referred. Upon completion	ystem Policy", this Offince officer's response, do to final review. Upopropriate Central Office final review decision of this review, however	ce has reviewed the doc your appeal to the facili n completion of this revi e Bureau relative to the will be delayed pending	cuments ity manager, the ew, it is the issue(s) raised in review by the
Action: Referral	ng maganang a manadahandah kan dan manaman dan semeri pengan-reneran semera dalah di kalah sebastan ber	100 100 100 100 100 100 100 100 100 100	*	had og till tillde kan simmer som som som gen er sygger, alder og kaper pårad og dette konst forskalle krapere
Bureau/Office:				
Health Care - Referr	al Date : 02/20/2020	**************************************	and the state of the	
Signature: Name	Keni No	no for		
Title:	Chief Grievan	ce Officer		
Date of the second seco				

cc: DC-15/Superintendent - Phoenix Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual

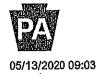
Section 2 - Appeals, Attachment 2-I

GE0213 Grievance #:838605

COOPER, BENJAMIN

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Issued: 1/26/2016 Effective: 2/16/2016



#### Final Appeal Decision

Secretary's Office of Inmate Grievances & Appeals Pennsylvania Department of Corrections 1920 Technology Parkway Mechanicsburg, PA 17050

*************************************	By \$11.00 \$	ETERTETIVISMENT OF WAYER STATES AND ASSESSED.	The Property Commission of the	٦
Inmate Name:	COOPER, BENJAMIN	DOC #:	GE0213	
SCI Filed:	Phoenix	Current SCI:	Phoenlx'	
Cularenna #1	838808		•	

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted above. In accordance with the provisions of DC-ADM 804, Inmate Grievance System Policy, the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised Institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

#### Decision:Uphold Response

It is the decision of the Secretary's Office of inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

#### Response:

Staff at the Bureau of Health Care Services reviewed your concern of not being provided proper medical care. They have thoroughly reviewed your medical record and has determined that the medical care provided was reasonable and appropriate. Their findings concur with the initial review response.

Your attending practitioner makes these clinical decisions. You are encouraged to participate in your treatment plan and to discuss your concerns or changes of condition with a practitioner. They found no evidence of wrongdoing. Therefore, this office upholds the responses provided to you and your requested relief is denied.

Signature:	Voci Warne Am Di Varner
Name:	D. Varner
Title	Chief Grievance Officer
Date:	5/13/20

cc: DC-15/Superintendent - Phoenix Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-F

GE0213 Grievance #:838605

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

Benjamin Cooper CE - 0213 SCI Phoenix 1200 Mokychic Drive Collegeville, PA 19426

Secretary's Office of Inmate Grievances & Appeals Penasylvania Dept. of Corr. 1920 Technology Parkway Mechanicsburg, PA 17050

Grievance Appeal No.: 833605

on 12/7/19, I filed a grievance stating that I was being denied the medications that the hospital ordered for post surgery pain in my left hand, that this was the second time the medical dept. denied me medications that a hospital ordered for my pain, that the deniel of proper medical treatment in the eyes of the hospitals were forms of retaliation

violated my ay 8th Amendment Rights against cruel and unusual punishment. That the medical department does give out this medica medication but desied me of it to prolong my pain and suffering, and that I am seeking \$400,000.00 (four hundred thousand dollars),

On 1/2/20, Ms. K. Owens decided my grievance estating that outside hospital recomendations are reviewed by the facility providers and at their discretion would be ordered. You were provided with tylenel. You received appropriate medical care.

On 1/10/20, I appealed to the facility manager stating that the doctor at the hospital spoke with the head of the medical department here at SCI Phoenix and it was established that I would receive percocets for the reconstructive surgery. That after the medical department denied me this the doctor at the hospital then ordered 800 mg of motrine for the pain and that too was denied by the medical department. That the tylenol may have been sufficient before the surgery but not after the surgery when the re-break would cause more pain than the actually injury.

On 1/17/20, my appeal was denied by the facility manager stating that the grievance officer's response was appropriate. That it was not denied by K. Owens (who signed it though she did no investigation into the matter, which is also fraud) but rather answered by an unnamed person.

I contend still, that SCI Phoenix's medical department denied me proper medical treatment by denying me the medication that the doctor (Jake T. Cummings) at Einstein Hospital ordered for me on two different occassions without proper reasoning. That they gave me what they wanted to give me which did not coincide with the standard for the proper medications after having the type of surgery that I had. That this constituted cruel and

unusual punishment and violated my 8th Amendment Rights. That I am seeking \$400,000.00 (four hundred thousand dollars) in compensatory and emotional damages.

DATED: 1/31/20

Benj¢min Co⁄oper

# **APPENDIX "G"**

DC-804 Part 1

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE
<b>GRIEVANCE NUMBER</b>

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: Phoenix	DATE: 12/31/19
FROM: (INMATE NAME & NUMBER)  Benjamin Cooper GE-0213	SIGNATURE OF IN	MATE: 12/31/19
WORK ASSIGNMENT:	HOUSING ASSIGN	MENT:
Laundry	F-A 1034	

#### INSTRUCTIONS:

- 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2. State your grievance in Block A in a brief and understandable manner.
- 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.
- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x.11" page). State all relief that you are seeking. On 12/30/19, I spoke with Deputy Sipple in front of chow hall #1 about the medical department not giving me the pain medication that the hospital order for the pain in my hand after the surgery. The bone(s) in my hand had to be rebroken and shortened then set straight with pins to hold them together. I told her that Dr. Jake T. Cummings (of Einstein Medical) said that he spoke directly with Dr. Weiner (the head of the medical department at Phoenix) and it was established and confirmed that I would get percocets for the pain in my hand. But the jail ignored the hospital's orders along with Weiner's and refused to give it to me because of their intentional and deliberate neglect for me pain and suffering. Dr. Cummings, upon learning that Phoenix was refusing to give me the proper medication along with antibiotics had ordered, both, antibiotics for my hand and 800 mg of motrin for my pain. I told her that the jail gave me the antibiotics but not the pain medication. Deputy Sipple told me that she understand why they would would refuse me the 800 mg of motrin when they can order it without any problems. She said that the approval for the percocets had to come from higher up. DEputy Sipple's admission that both pain medications were

B. List actions taken and staff you have contacted, before submitting this grievance.

DEPUTY SIPPLE

**GOLDEN ROD Inmate Copy** 

Your grievance has been received and will be processed in accordance with DC-ADM 804.				
Signature of Facility Grievance Coordinator	<del></del>	Date		
WHITE Eacility Grievance Coordinator Copy	CANARY File Copy	PINK Action Return Copy		

DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 – Grievances & Initial Review

Attachment 1-A

Issued: 1/26/2016 Effective: 2/16/2016

#### Case 2:20-cv-04595-PD Document 2 Filed 09/17/20 Page 65 of 108

available for my pain but that the medical department simply refused to give me the proper medical treatment using the medication that was ordered by the hospital strengthens the argument for intentional and deliberate medical neglect and a violation of my 8th Amendment Rights against Cruel and Unusual Punishment. Because of this knowing, intentional and deliberate refusal of proper medical treatment and leaving me in pain to suffer I am seeking \$500,000.00 (five hundred thousand dollars) in compensatory damages.





#### Rejection Form

SCI Phoenix 1200 Mokychic Drive Collegeville, PA, 19426

01/09/2020 11:24

Inmate Name:	COOPER, BENJAMIN	DOC #:	GE0213	
Facility:	Phoenix	Unit Location:	E/A : 1034-01	
Grievance #:	843860			

This serves to acknowledge receipt of your grievance to this office. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", I have reviewed all documents provided as part of the grievance. Upon consideration of the grievance, it is the decision of this office to reject your grievance due to a failure to comply with the provisions of the DC-ADM 804, as specified below:

#### Rationale:

- The issue(s) presented on the attached grievance has been reviewed or is currently being reviewed and addressed. Prior 838605.
- Grievance disputes previous grievances; appeal decisions; or staff members who rendered those decisions:

#### Response:

	Signature:	
	Name:	K Owens
ı		Facility Grievance Coordinator
	Date:	

cc: Facility Grievance Coordinator DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-C

GE0213 Grievance #:843860

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

# MEDICAL SICK CALL REQUEST

ase 2	:20-cv-045	95-PD Doo	cument 2	Filed 09/	17/20	Page 67 of	f <b>10</b> 8		
PLACE THIS REQUEST FORM IN THE LOCKED MEDICAL BOX ON THE HOUSING UNIT.	INMATE SIGNATURE	I UNDERSTAND THAT THIS SICK CALL VISIT MAY BE SUBJECT TO THE FEES CONTAINED IN REGULATION 37 PA CODE § 93.12 ET. SEQ.	anything I am still in pain	pain meditation, there was withing	near day mades that I so loriger a	PROBLEM: I was fold by the nurse of	HOUSING UNIT: FA1034	INMATE NAME: By Copye NUMBER: CECTS	DATE: 12/31/19 TIME: 12:00pm

\*\*PLEASE SIGN UP FOR ONLY ONE SICK CALL PER DAY -EITHER MEDICAL OR DENTAL. \*\*

APPENDIX B

											•			
CHARGE ENTERED	5. BUSINESS OFFICE'S SPACE	3. INMATE'S SIGNATURE	Total Amount Charged \$	☐ Other	☐ Sports Physical (\$5.00)	☐ Sports Injury (\$5.00)	☐ Assaulted by #	☐ Self-Inflicted Injury (\$5.00)	☐ Prescription #	☐ Sick Call (\$5.00)	2. HEMS TO BE CHARGED TO MY ACCOUNT	51203	1. REQUISITIONING INMATE 15.	MEDICAL CO-PAY CASH SLIP
DATE		4. MEDICAL STAFF SIGNATURE	<b>€</b>		.00)	•		(\$5.00)	(\$5.00 Each)		ACCOUNT	F41034	Bon (amin C	COMMONWEAL DEPARTMENT C
BOOKKEEPER		FSIGNATURE			,	•			ach)			12/31/19	DATE	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

Inmate should complete shaded areas prior to placing sick call slip in box.

APPENDIX B

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
MANAGE OF THE MEMBER	INSTRUCTIONS
	Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date: 12/31/19
3. By: (Print Inmate Name and Number)	4. Counselor's Name:
Benjamin Cooper Gitto213	Wentzel
	5. Unit Manager's Name:
	Kelly
Inmate Signature	
6. Work Assignment:	7. Housing Assignment:
8. Subject: State your request completely but briefly. Give	······································
	around lunch time in front of
chow hall it I about the medical	department not siving me the
medication that the doctor at E	instien Hospital ordered for my
	to then he ordered 800 mg
	mon way they would refuse me
that when they could just order?	to and told ine to send you
a request slip.	
After talking with you I lear	ned through the nurse at the
medication line that they were no	lunger giving me patra medication.
Though they acknowledged I would	doen pain ter a wille, -
don't get why they are refreshing to	ue path insulteadium.
	•
9. Response: (This Section for Staff Response Only)	
:	
• And the second of the second	
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
TAFF MEMBER NAME	DATE
Print	Signature

# **APPENDIX "H"**

IIII. 1135/20

DC-804 Part 1

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

3/3/35

GRIEVANCE NUMBER

•		GIVIE VAIVOE NOMBER
OFFICIAL INMATE GRIEVANCE	tv t	
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 12/31/19
FROM: (INMATE NAME & NUMBER) Benjamin Cooper GEOZIS	SIGNATURE OF INMAT	E:,
WORK ASSIGNMENT: ;	HOUSING ASSIGNMEN	Т.
MOTELLATIONS	7-74 1034	-
INSTRUCTIONS:  1. Refer to the DC-ADM 804 for procedures on the in 2. State your grievance in Block A in a brief and unde 3. List in Block B any action you may have taken to re staff members you have contacted.	erstandable manner.	to include the identity of
A. Provide a brief, clear statement of your grievance. pages (one DC-804 form and one one-sided 8½" x on 12/30/19, I went to medical	11" page). State all relief	that you are seeking.
and I was refused pain me nurse told me that there was	idication for n	y hand. The
nurse told me that there was	ent even an a	order for
7.3 made Alma Parane T	have dealine	y with the
Jalas in my handa Suffering to	r two weeks	with no TYTE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
and violates my 8th Amendmen	al actually ord	cred and
pain mediculton that the hospital three hundred thousand dollars	5 (\$300,000,00	) for compensatory
damages.	ering of the second of the sec	w v v
B. List actions taken and staff you have contacted, be	fore submitting this grieva	nce.
	•	
med line nurse sick call doctor		
Your grievance has been received and will be proces  \[ \langle \langl	sed in accordance with D	C-ADM 804.
	File Copy PINK Action F	

DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 – Grievances & Initial Review

Issued: 1/26/2016 Effective: 2/16/2016

**GOLDEN ROD Inmate Copy** 

Attachment 1-A

مراجدات

Benjamin Cooper GE-0213 SCI Phoenix 1200 Mokychic Drive Collegeville, Pa 19426

Superintendent Sorber SCI Phoenix 1200 Mokychic Drive Collegeville, Pa 19426

Re: Grievance no. 843738

My grievance was denied by Ms. K. Owens stating that "submit sickcall slip as needed toward wellnes, please be mindful to adhere to all medical treatments, plans of action and appointments." Also stated was that Tylenol Gelcap 500mg were active.

I contend that if an investigation had been done then Ms. Owens would have found out that there was no medication for me at that time. That the pain medication I was previously getting I had to go to medication line to get and that I was not on no other pain medications because I was not given no other pain medications and told not to mix the pain medication that they were giving me with anything else. The investigation would have shown her that I never get tylenol until about a week later when I went to sickcall for the 2nd time in that time span.

I contend that I had been taken up to 4 to 5 ibuprofens for the pain in my hand and medical knew this as well as Dr. Cummings (Einstien Hospital).

Dated: 2/18/20

Benjamin Cooper



#### **Initial Review Response**

SCI Phoenix 1200 Mokychic Drive Collegeville, PA, 19426

01/29/2020 07:58

Inmate Name:	COOPER, BENJAMIN	DOC #:	GE0213
Facility:	Phoenix	Unit Location:	10-4501 ANT
Grievance #:	843738		

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

#### **Decision: Grievance Denied**

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

#### Response:

Mr. Cooper you stated, "On 12-30-19 he went to medication line around lunch and was refused pain medication for his hand, nurse said there wasn't an order for pain medication".

Documentation indicates no active pain medication order for 12-30-2019.

Active:

(TYLENOL GELCAP) CAP 500MG, start date 01/14/2020 stop date 02/12/2020.

#### Inactive:

(TYLENOL/CODEINE #3) TAB 300-30MG

TAKE 1 TABLET(S) ORALLY TWICE DAILY, start date 12/11/2019 stop date 12/14/2019.

(TYLENOL/COD #4) TAB 300-60MG TAKE 1 TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED FOR PAIN start date 12/3/2019 stop date 12/9/2019.

IBUPROFEN (MOTRIN) TAB 600MG TAKE 1 TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED start date 12/13/2019 stop date 12/26/2019.

KETOROLAC SINGLE VIAL (TORADOL) INJ 30MG/ML INJECT 30 MILLIGRAM(S) INTRA-MUSCULARLY ONCE DAILY

start date 12/11/2019 stop date 12/12/2019.

Grievance Denied No monetary compensation granted.

Resolution: Submit sick call slip as neededtoward wellness, Please be mindful to adhere to all medical treatments, plans of action and appointments.

Signature:	
Name:	M. Savage
Title:	
Approver:	K. Owens
Date:	January 29, 2020
Children and a transfer of the first house over management and the state of the sta	

CC: Facility Grievance Coordinator DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

GE0213 Grievance #:843738

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

# **APPENDIX "I"**

INMATE'S REQUEST TO STAFF MEMBER  INSTRUCTIONS  Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.  1. Jo: (Name and Title of Officer)  J.S. Wentzel Folk counselor  3. By: (Print Inmate Name and Number)  Benjamin Coeper (JE0213  By: (Print Inmate Name and Number)  Senjamin Coeper (JE0213  By: (Print Inmate Signature)  4. Counselor's Name:  Ms. Wentzel  5. Unit Manager's Name:  Ms. Wentzel  6. Work Assignment:  I wanday  8. Subject: State your request completely but briefly. Give details.  Took now kanday began to the leundayte get wash on 12-5-19 and if was let not blue country of the livery side government of the received years and the work wis dance. Severily when the blue country to get wash on 12-5-19 and if was let not blue country of the leundayte get wash on 12-5-19 and if was let not blue country of the leundayte government of the received years and the work wis dance. Severily when the blue country is a severily than the leundayte government of the livery began that a letter work wis dance. Severily when the short of the blue country wash and the livery began that a letter work wis dance. Severily began that were in the blue country.  3 pairs of brawn shorts severy wash as a letter work wis dance. Severily began the short of the livery boys. I wash accountry began the short of the livery boys. I all the work.  3 pairs of brawn shorts severy wash accountry.  4 wash accountry.  4 wash accountry.  5 pairs of brawn shorts severily began the short of the livery boys. I all the work.  5 pairs of brawn shorts severily began the short of the livery boys. I all the work of the livery boys. I all the work of the livery boys. I all the work of the livery boys of the l	Form DC-135A	Commonwealth of Pennsylvania Department of Corrections
Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.  1. To: (Name and Title of Officer)  I. Jo., Wentzel T. blk counselor  3. By: (Print Immate Name and Number)  Sencemin Cooper (JE0213)  B. Housing Assignment:  Immate Signature  6. Work Assignment:  I wordy  8. Subject: State your request completely but briefly. Give details.  I took my landy bass to the landry to get with an 125-19 and it was left as blue over on the dirty side swarzantal after work was done. Sewrith went to the landry to 30 orthogs that make the work of the blue count.  3. pairs of brown shorts were 1 the blue count.  3. pairs of brown shorts were 1 the blue count.  4. Keeply  7. Housing Assignment:  1. Housing	INMATE'S REQUEST TO STAFF MEMBER	Bopartmont of Compositions
preparing your request, it can be responded to more promptly and intelligently.  1. To: (Nampe and Title of Officer)  1. S. Wentzel F-blk counselor  3. By: (Print Inmate Name and Number)  Bencamin Coeper Cy Eozi3  To Inmate Signature  6. Work Assignment:  I wondy  8. Subject: State your request completely but briefly. Give details.  I took my landy bags to the landy to get web an 12-5-19 and it was let are work and dance. Technically support to the landy to get web an 12-5-19 and it was let were in the landy to grow has night and took my 2 landy bags that were in the blue cont.  3 pairs of brown shorts were year and last night and pak my 2 landy bags that were in the blue cont.  3 pairs of brown shorts were year and a star work was done. Technically begs that were shorts  4 year and the shorts  2 work nags  4 year and pairs  2 pairs of downers ext.  I pair at 3x6 bagers  9. Response: (This Section for Staff Response Only)  9. Response: (This Section for Staff Response Only)		1
3. By. (Print Innate Name and Number)  Benjamin Cooper Creozis  Benjamin Cooper Creozis  Benjamin Cooper Creozis  Superitude  6. Work Assignment:  Iamdry  8. Subject: Statey your request completely but briefly. Give details.  I took my laundry bags to the laundry to get wish on 12-5-19 and it was let have been the birty side executive after work was done. Perinty went to the laundry to get wish on 12-5-19 and it was let have work in the blue cart.  3 pairs of bawn shorts every 4xxx 1 4xxx thermal paints  3 5xx bawn tee shirts 2 wash ags  4 4xx brown tee shirts 2 wash ags  4 4xx brown tee shirts 2 axx boxes briefs  1 4xx sweet paints 2 pairs of dames 2xx  2 laundry bags 1 pair of 3xx boxes  9. Response: (This Section for Staff Response Only)  Aldy it is washed They took the bags when they age  His regard to severify.		preparing your request, it can be responded to more
Benjamin Cooper (Storis  13 - Continues Signature  6. Work Assignment:    Anndry		2. Date: 12-6-19
5. Unit Manager's Name:  Inmate Signature  6. Work Assignment:  Part of FA 1034  8. Subject: State your request completely but briefly. Give details.  Took my land a bases to the land of get wash on 12-5-19 and it was left a blive cart on the dirty side assessment of other work was done. Security went to the land of to search last night and took my 2 land of bags that were in the blue cart.  3 pairs of brown shorts asses 4xt 1 4xt thermal pants 3 5xt brown tee shifts 2 3xt boxer briefs 4 4xt sweat pants 2 parts of downs 2xt 1 pair of 3xt boxers.  2 land of bags 1 pair of 3xt boxers.		
Inmate Signature  6. Work Assignment:    James Agriculture   James	Benjamin Cooper (7 E0213	
6. Work Assignment:    landy	B-7- (	
8. Subject: State your request completely but briefly. Give details.  I topk my landy bags to the laundry to get wash on 12-5-19 and it was letter a blue cart on the dirty side executated after work was done. The dirty side executated after work may 2 laundry bags that were in the blue cart.  3 pairs of brown shorts execut.  3 pairs of brown shorts execut.  4 HXL thermal pants  2 wash rags  4 HXL brown tee shirts  2 pairs of drawns 2XL  2 laundry bags  1 pair of 3xL boxers  9. Response: (This Section for Staff Response Only)  1 HXL the brown the first parts  9. Response: (This Section for Staff Response Only)  1 July 15 July	Inmate Signature	Mr. Kelly
8. Subject: State your request completely but briefly. Give details.  I took my landy bags to the laundry to get wash on 12-5-19 and it was let in a blue cart on the listy side averaged after work was done. Security went to the laundry to search last night and took my 2 laundry boards that were in the blue cart.  3 pairs of brown shorts avera 4xx 1 4xx thermal pants 3 5xx brown tee shirts 2 wash rags 4 4xx brown tee shirts 2 3xx boxer briefs 1 4xx sweat pants 2 pairs of downs 2xx 2 laundry boards 1 pair of 3xx boxers  9. Response: (This Section for Staff Response Only)  Ally it is worted they took the large when I all for amount 1 his acquisit for you. I all for amount 1 his acquisit for you. I all for amount 1 his acquisit for you. I all for amount 1 his acquisit for you. I all for amount 1 his acquisit for you. I all for amount 1 his acquisit for you. I all for amount 1 his acquisit for you.	6. Work Assignment:	
I took my landy bass to the landy to get week on 12-5-19 and it was let in a blue cart on the dirty side evergated after work was done. Security went to the landy to search last night and took my 2 landy bags that were in the blue cart.  3 pairs of brown shorts every 4xL 1 4xL thermal pants 3 5xL brown tee shirts 2 was mass 4 4xL brown tee shirts 2 3xL boxer brefs 4 4xL brown tee shirts 2 pairs of dances 2xL 2 landy bags 1 pair of 3xL boxers 2 landy bags 1 pair of 3xL boxers  9. Response: (This Section for Staff Response Only)  Ally it is noted they took the large when I he are I for a life in the large of th	laindry	12-6-19 FA 1034
In a blue cart on the Listy side assessment after work was done, Security went to the lawndry to search last night and took my 2 laundry bogs that were in the blue cart.  3 pairs of brown shorts assess uxx 1 4xx thermal pants 3 5xx brown tee shirts 2 wash rags 4 4xx brown tee shirts 2 pairs of drawers 2xx 2 2 laundry bags 1 pair of 3xx boxers 2 laundry bags 1 pair of 3xx boxers  9. Response: (This Section for Staff Response Only)  1 // 15, wasted They took the back when they age find a first and they age to you. I all howard this degree to you. I all howard this degree to xeverty.		
3 5xL brown tee shirts 2 3xL boxer briefs 1 4xL sweat pants 2 pairs of drawing 2xL 2 landry bags 1 pair of 3xL boxers  9. Response: (This Section for Staff Response Only)  1 flip it is noted they took the back when they age  1 jilished your itemschould be at telenely to you. I as Il for amore  1 its acquest to xoursty.	in a blue cart on the dirty side awar	rooms offer work was done. Security
3 '5xL bown tee shirts 2 3xL boxer briefs  4xL sweat parts 2 pairs of drawers 2xL 2 lownery bags 1 pair of 3xL boxers  9. Response: (This Section for Staff Response Only)  1 low for your items inputed for ar inches you I as Il for now  1 lis acquest to severity.	3 gains of hours abouts sugar 4xL	1 4x4 thermal sants
9. Response: (This Section for Staff Response Only)  1 HXL sweat pants 2 pairs of dankers 2XL 2 laundry bags 1 pair of 3XL basers  9. Response: (This Section for Staff Response Only)  1 HXL sweat pants 2 pairs of dankers 2XL 2 pairs of dankers 2XL 3XL baser Bull basers  9. Response: (This Section for Staff Response Only)  1 HXL sweat pants 2 pairs of dankers 2XL 2 pairs of dankers 2XL 3XL baser basers  1 pair of 3XL basers  9. Response: (This Section for Staff Response Only)  1 HXL sweat pants 2 pairs of dankers 2XL 4 pair of 3XL basers  9. Response: (This Section for Staff Response Only)  1 HXL sweat pants  1 pair of 3XL baser basers  9. Response: (This Section for Staff Response Only)  1 HXL sweat pants  1 pair of 3XL basers  9. Response: (This Section for Staff Response Only)  1 HXL sweat pants  1 pair of 3XL baser basers  9. Response: (This Section for Staff Response Only)		2 wash rags
2 landy bags 1 pair of 3xL boxers  9. Response: (This Section for Staff Response Only)  Alay it is noted the tool the back when the case finished your itemshould be it less not to you. I as Il for any this regard to severify.		2 3xL boxer briefs
9. Response: (This Section for Staff Response Only)  A Stage of 16 No tra They toof the INCL When they age  A Julio her your it oms inpulation or the energy to you. I as Il for many  This regard to scurify.		2 pairs of clawers ZXL
Ashished your itensingulation of the book when I he have the and I for any	Llaundry bags	1 pair of 3xL boxers
Asia it is noted the toof the bock when they are finished for you I at I for amore this regard to sourity.		
TO DC-14 CAR only   To DC-14 CAR and BC-15 IRS	9. Response: (This Section for Staff Response Only)	
To DC-14 CAR only □ To DC-14 CAR and DC-15 IRS □	This regard to severty	of the back when They age er went to you. I as Il for more
10 DC-14 CAR Billy [] 10 DC-14 CAR Bill DC-15 IRS []	To DC 14 CAD only []	To DC 44 CAR and DC 45 IDS II
	IO DC-14 CAR ONLY LI	10 DC-14 CAK and DC-15 IKS []

### **APPENDIX "J"**

DC-804 Part 1

### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE	,
528(00)	
GRIEVANCE NUMBI	ΞR

OFFI	CIA	d i	INMA	TF	<b>GRIE</b> \	/Δ	NCF
~,,,	~ 1/-				<b>UIL</b>	,,	

TO: FACILITY GRIEVANCE COORDINATOR MS. ORLANDO	FACILITY: SCI-PHOENIX	12/77/19
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE	:
WORK ASSIGNMENT: LAUNDRY	HOUSING ASSIGNMENT FA-1034	•

#### **INSTRUCTIONS:**

- 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2. State your grievance in Block A in a brief and understandable manner.
- 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.
- A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking. on 12/5/19 I had two laundry bags in the laundry on the dirty side inside of a blue cart. That night security officers went searching through the laundry department. On the morning of 12/6/19, my supervisors (Evans and Poochie) and I went on the dirty side of the laundry so that I could retrieve my 2 laundry bags but my laundry was gone along with the cart that they were in. My supervisors (Evans, Poochie and Quintana) and I searched all of the offices and all three sides of the laundry department and my clothes were not there. There were tags on both of my bags that had straps on them that said "FA 1034-1" on them so that the security officers would have no problems finding out who the bags and clothes belonged to. The officers took my bags and clothes as an act of retaliation for grievancies filed and pending civil action against the institution which violates my constitutional rights and my 8th Amendment Rights against cruel and unusual punishment. The clothes that were taken are as follows: 3 pairs of brown shorts-\$46.06 \* 1 thermal pants-\$5.23 \* 3 5xL brown t-shirts-\$25.59 \* 4 4xL T-shirts-\$28.60 \* 2 wash

B. List actions taken and staff you have contacted, before submitting this grievance.

F - Block Counselor

LT. P

Cap. Masselino

F - Block Unit Manager

Laundry Supervisors (Evans, Poochie and Quintana)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

•			
Signature of Facility Grievance Coordinator	<u> </u>	Date	
WHITE Facility Grievance Coordinator Copy GOLDEN ROD Inmate Copy	CANARY File Copy	PINK Action Return Copy	

DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 – Grievances & Initial Review

Attachment 1-A

Issued: 1/26/2016 Effective: 2/16/2016

PIRIE

#### 2 OF 2

rags-\$2.20 \* 2 pairs of 3xL boxer briefs-\$5.60 \* 2 pairs of draws \* 1 pair of 4xL sweat pants-\$20.27 \* 1 pair of 3xL boxers-\$3.65 \* 2 laundry bags-\$7.58 \* 3 pairs of crew socks-\$2.67.

In compensatory damages I am seeking \$500.00 (five hundred dollars), for retaliation I am seeking an aditional \$1,000.00 (one thousand dollars), and no further retaliation in the form of harrassments, baseless misconducts, senseless cell searches and any and all other forms of tactics used by the security department and its officers.



#### Initial Review Response

SCI Phoenix 1200 Mokychic Drive Collegeville, PA, 19426

01/16/2020 03:38

COOPER, BENJAMIN

Inmate Name:	COOPER, BENJAMIN	DOC #:	GE0213	
Facility:	Phoenix	Unit Location:	F/A 10350.	)
Grievance #:	838600			,
This serves to ackno	wledge receipt of your grievance t	o the assigned Griev	ance Officer. The response is as follo	)WS:
grievance. Th	on of this Grievance Officer to uph	ionale, a summary o	in part/deny in part the inmate's initial the conclusion, any action taken to	
Response:		,	1	
Mr. Cooper,				
you returned to that a	rea on 12/6/19 that your laundry v	vas missing and that	e laundry area on 12/5/19 and that wh you could not find it. You further alleg abeled with your housing assignment.	
	allegations, it was discovered that t have been left in that area overni		rned in and returned the same day,	
It is the decision of the Signature:	s grievance officer to deny your a	llegations due to lack	of probability or evidence.	
Name: Title:	D. Bradley			
Approver:	G. Orlando ${\mathcal G}$	2		
Date:	1/16/2020	× 1		
CC: Facility Grievance DC-15	e Coordinator			
DC-ADM 804, Inmate G	rievance System Procedures Manu	al ·	· .	
Section 1 - Grievances	& Initial Review, Attachment 1-D		Issued: 1/26/2016 Effective: 2/16/20	)16
GE0213 Grievance #:	838600			

Page1 of 1



#### **Initial Review Response**

SCI Phoenix 1200 Mokychic Drive Collegeville, PA, 19426

01/16/2020 03:38		·		
Inmate Name:	COOPER, BENJAMIN	DOC #:	GE0213	
Facility: Grievance#:	Phoenix: 838600	Unit Location;		おうひみ
This serves to acknow	wledge receipt of your grievance to	o the assigned Griev	ance Officer. The respor	nse is as follows
grievance: Th	e <b>Denied</b> on of this Grievance Officer to uph is response will include a brief rat ue(s) raised in the grievance; and	ionale, a summary of	in part/deny in part the in the conclusion, any acti	maters initial on taken to
Response:		·	·	
Mr. Cooper,				
After reviewing your a therefore it should no	ifiscated your items even though y illegations, it was discovered that t have been left in that area overni s grievance officer to deny your al	F-Unit's laundry is tur ight.	rned in and returned the	same day,
Signature:			A CONTRACTOR OF THE PROPERTY O	ini nele ani a ani a seri reni i a seri rivera a di i ani
Name: Title:	D Bradley			
Approver: Date:	G: Orlando G: 1/16/2020	<b>2</b>		
CC: Facility Grievance DC-15	e Coordinator			

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

GE0213 Grievance #:838600

COOPER, BENJAMIN

Page1 of 1

Issued: 1/26/2016 Effective: 2/16/2016



#### Facility Manager's Appeal Response

SCI Phoenix 1200 Mokychic Drive Collegeville, PA, 19426

02/11/2020 10:07

Inmate Name:		DOC #:	GE0213
Facility:	Phoenix	Unit Location:	F/A 1034
Grievance #:	838600		

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

#### **Decision:Uphold Response**

It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

#### Response:

I am in receipt of your grievance appeal in which you state Ms. Orlando denied your grievance stating that after her review it was discovered that F-unit's laundry is turned in and returned the same day therefore it should never have been left in that area overnight. You state that F-unit's laundry is done on Monday's and that prior to surgery you were located on H-unit whose laundry is the same day. You state you asked Mr. Pucci if you could rewash your clothes because of the smell and that they were rewashed on 12/5/19 and placed in a bin so one of the workers could bring it back to the unit. You state that you and the supervisors looked for your clothes but could not find them and that security had searched the laundry that night taking your clothes. You state Counselor Wentzel was told and confirmed that security had your clothes. You state Ms. Orlando abused her power in disregarding your grievance as a waste of her time citing that the denial was due to lack of probability or evidence. You are requesting \$1500.00 in compensatory and retaliation damages.

I have reviewed available information and will advise you that Ms. Orlando did not deny your grievance, rather the grievance officer, Deputy Bradley, denied your grievance. I will also advise you that Monday is the designated laundry day for your housing unit; you are to follow the laundry schedule and instructions that are posted on your housing unit. In your appeal you state there was an attached exhibit 1 which would confirm that Counselor Wentzel had confirmation, however, there was no exhibit provided. In speaking with your unit team, they cannot confirm that security had your clothes. The security department did not conduct a search in the laundry on the date in question. Furthermore, per the Housing Unit rules in the Inmate Handbook, #9 reads," You are responsible for the personal property in your possession. The facility is not responsible for articles lost, stolen, or damaged, unless the accidental damage is the result of negligent staff actions." The institution is not responsible for replacing personal items submitted to the laundry for laundering.

Based on this information, I am denying your grievance. Your requested relief is also denied.

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

GE0213 Grievance #: 838600

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

Page1 of 2



#### **Facility Manager's Appeal Response**

SCI Phoenix 1200 Mokychic Drive Collegeville, PA, 19426

02/11/2020 10:07

Si	a	n	atı	ır	e:
~	ч			ш	٠.

Name

Title:

Facility Manager

Sorber®

Date:

cc: DC-15 File

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

GE0213 Grievance #:838600

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

Page2 of 2

Benjamin Cooper GE-0213 SCI Phoenix 1200 Mokychic Drive Collegeville, PA 19426

Tammy Ferguson, superintendant SCI Phoenix 1200 Mokychic DRive Collegeville, PA 19426

Grievance Appeal No.: 838600

On 12/7/19, I filed a grievance stating that I had two laundry bags in the laundry Dept. on the dirty side, inside of a blue cart on the 5th (two days before). That security went inside of the laundry dept. searching and took my bags along with the cart, that 3 supervisors and myself searched the whole department and could not find them, that both bags had tags indicating that they were mine. A list was presented with the commissary prices.

On 1/16/20. Ms. G. Orlando denied my grievance stating that after her review it was discovered that F-Unit's laundry is turned in and returned that same day therefore it should never have been left in that area overnight.

I contend that: 1) F-Jnit's laundry is done on Mondays; 2) that prior to surgery I was located on H-Unit, whose laundry is also the same day. The surgery was on that tuesday; 3) that my laundry was damp and kept in a bin on H-Unit in a closet from Monday to Wednesday so when I retrieved it it had a smell; 4) that I asked laundry supervisor Poochie if my clothes could be rewashed because of the smell and he said yes; 5) that on 12/5/19, my clothes were rewashed and placed in a bin so that one of the workers who were on my new block (F-Unit) could bring it back but he forgot; 6) that security searched the laundry that night and took my clothes; 7) That me and my supervisors searched the laundry for my clothes but could not find them; 8) that counselor Wentzel was told and has confirmed that se security has my clothes (see attached exhibit 1); 9) that the reasons for the denial of my grievance falls short and is insufficient and shows that no investigation was conducted by Ms. Orlando; 10) that Ms. Orlando only abused her power in disregarding my grievance as a waste of her time citing that the denial was due to a lack of probability or evidence. When a simple investigation (e.g. talking to my supervisors, U/M kelly or Counselor Wentzel would have resulted a different outcome; 11) that I am seeking #1500.00 (fifteen hundred dollars) in compensatory and retaliation damages.

DATED: 1/30/20

By Ct Bensamin Cooper cc: File family Benjamin Cooper GE-0213 SCI Phoenix 1200 Mokychic Drive Collegeville, PA 19426

Tammy Ferguson, superintendant SCI Phoenix 1200 Mokychic DRive Collegeville, PA 19426

Grievance Appeal No.: 838600

On 12/7/19, I filed a grievance stating that I had two laundry bags in the laundry Dept. on the dirty side, inside of a blue cart on the 5th (two days before). That security went inside of the laundry dept. searching and took my bags along with the cart, that 3 supervisors and myself searched the whole department and could not find them, that both bags had tags indicating that they were mine. A list was presented with the commissary prices.

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DATED: 1/30/20

Benjamin Cooper ce: lite family Benjamin Cooper GE-0213 SCI Phoenix 1200 Mokychic Drive Collegeville, PA 19426

Tammy Ferguson, superintendant SCI Phoenix 1200 Mokychic DRive Collegeville, PA 19426

Grievance Appeal No.: 838600

On 12/7/19, I filed a grievance stating that I had two laundry bags in the laundry Dept. on the dirty side, inside of a blue cart on the 5th (two days before). That security went inside of the laundry dept. searching and took my bags along with the cart, that 3 supervisors and myself searched the whole department and could not find them, that both bags had tags indicating that they were mine. A list was presented with the commissary prices.

On 1/16/20, Ms. G. Orlando denied my grievance stating that after her review it was discovered that F-Unit's laundry is turned in and returned that same day therefore it should never have been left in that area overnight.

I contend that: 1) F-Unit's laundry is done on Mondays; 2) that prior to surgery I was located on H-Unit, whose laundry is also the same day. The surgery was on that tuesday; 3) that my laundry was damp and kept in a bin on H-Unit in a closet from Monday to Wednesday so when I retrieved it it had a smell; 4) that I asked laundry supervisor Poochie if my clothes could be rewashed because of the smell and he said yes; 5) that on 12/5/19, my clothes were rewashed and placed in a bin so that one of the workers who were on my new block (F-Unit) could bring it back but he forgot; 6) that security searched the laundry that night and took my clothes; 7) That me and my supervisors searched the laundry for my clothes but could not find them; 8) that counselor Wentzel was told and has confirmed that se security has my clothes (see attached exhibit 1); 9) that the reasons for the denial of my grievance falls short and is insufficient and shows that no investigation was conducted by Ms. Orlando; 10) that Ms. Orlando only abused her power in disregarding my grievance as a waste of her time citing that the denial was due to a lack of probability or evidence. When a simple investigation (e.g. talking to my supervisors, U/M kelly or Counselor Wentzel would have resulted a different outcome; 11) that I am seeking #1500.00 (fifteen hundred dollars) in compensatory and retaliation damages.

DATED: 1/30/20

Benjamin Cooper cc: lite family

# **APPENDIX "K"**

Photo Date: 2/27/2019

# INMATE RELEASED FROM **WORK ASSIGNMENT** NOTIFICATION OF

Inmate #;

Issued by: Inmate Employment Office

You are being released from Current work assignment

Benjamin

COOPER

Commit Name:

as a result of reason listed below: Effective:

Education - Academic/Vocatio

Education - Non-Compliant with Mandated Educational Programming

- Housing Change
  - Job Change
- Medical Restrictions/Limitations
- Misconduct Sanction via Hearing Examiner or Informal Resolution
  - TC Placement
- Unit Team Action
- 2M/2R Placement
- Other:

Form DC-135A	•	Commonwealth	
INMATE'S REQUEST TO	STAFF MEMBER	Department of	or Corrections
		INSTRU	CTIONS
		Complete items number 1-8.	
		preparing your request, it ca promptly and intelligently.	n be respondento more
1. To: (Name and Title of Office	er)	2. Date: 1/0	May 18
medical depto		5/12/20	6. 75
3. By: (Print Inmate Name and	Number)	4. Counselor's Name:	A/V (1/5)
Benjamin Coop	er GEOZI3	Wentzel	- CO
3. N. C.		5. Unit Manager's Name:	A/T/2
Inmate Sign	<del>//</del> ature	Kelly	(O)*
6. Work Assignment:		7. Housing Assignment:	
NA		FA1034	
8. Subject: State your request of	completely but briefly. G		
On 5/12/20, I,	ectived a notice	from Ms. K. Owens	stating that
extentive 4/10/20 then	e were specific ,	nedical restrictions env	
dept. Into the DOCN	ET and along u	1th them was a indic	atton for removal
from the work assign	ment in the CI	-laundy . I was clea	
work in the beginning	e of March. Do	you know what is go	mg on?
\		1 / 1	
	_	strictions or notes to	or memoral from work
1) I have been working	in the CI-lau	ndry since it opened	<i>vp</i>
. 40.0 100 100 100 100 100 100 100 100 100			<u></u>
		The state of the s	
		,	
9. Response: (This Section for S	taff Response Only)		
1		() ()	
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120 000	~ ( cerup.	il septen	- Jew
~ 10 C	0.000	Valle - COS COM	tort 10 pons
DIN K	- Unit M	every of the	WINCE OF THE PROPERTY OF THE P
and or	Bree 1 WC	TO DO 14 SAR and DO 15 IR	<u> СП</u>
To DC-14 CAR only ☐ '		To DC-14 SAR and DC-15 IR	<u> э                                   </u>
	M. Savage, RNS	1 /	MAY 1 8 2020
TAFF MEMBER NAME	Print	Signature	<i>U</i> \\\

	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
IIIIII I I I I I I I I I I I I I I I I	INSTRUCTIONS
	Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer)  Dep Ay Shiple	2. Date: 5/12/20
3. By: (Print Inmate Name and Number)	4. Counselor's Name:
Benamh Coper GEOZIS	Wentzel
D -	5. Unit Manager's Name:
Inmate Signature	Kelly
6. Work Assignment:	7. Housing Assignment: FA1034
3. Subject: State your request completely but briefly. Give	e details.
On 5/12/20, I received a note	
effective 4/10/20 there were spe	
/ , , , , , , , , , , , , , , , , , , ,	VET and along with them was a
	assignment in the CI-laindy "I
was elected to return to work in the	beginning of March: Do you Know
What is going on?	
I there shalled have been no new read rest	stratings ornotes for removal
	Actions ornotes for removal
Here should have been no new rest I have been working in the CI-laun	
<b>1</b>	
9 4	
<b>1</b>	
I have been working in the CI-laun	
<b>1</b> • • • • • • • • • • • • • • • • • • •	
2) I have been working In the CI-laun	
9. Response: (This Section for Staff Response Only)	
2) I have been working In the CI-laun	
9. Response: (This Section for Staff Response Only)	
9. Response: (This Section for Staff Response Only)	
9. Response: (This Section for Staff Response Only)	
9. Response: (This Section for Staff Response Only)	
9. Response: (This Section for Staff Response Only)	I Hus day
9. Response: (This Section for Staff Response Only)	
9. Response: (This Section for Staff Response Only)	I Hus day

	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
	INSTRUCTIONS
	Complete items number 1-8. If you follow instructions in
·	preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date: ,
Medical Department	5/12/20
3. By: (Print Inmate Name and Number)	4. Counselor's Name:
Benjamin Cooper GEOZI3	Wentzel
Bon G	5. Unit Manager's Name:
Inmate Signature	·Kelly
6. Work Assignment: , ,	7. Housing Assignment:
NA	FA 1034
B. Subject: State your request completely but briefly. Give	
On 5/12/20 I rectasted a notice.	from K. Owens (gotevance continuto
Stating that on 4/10/20 there were s	sective medical restrictions entered
by the medical dept. Into my records a	nd for DOCNET, and that there along
	epto indicated a need to remove >
me from my work assignment in the	he CI-fainery. Do you know what
she's talking about?	
Jet 1 1 1 1 1 men	
1) There should have been not restrict	trong pAm on me; and 2) I have
ocen working in the CI-foundry 31	
forces working in the CI-faincy 31 force are a lot of work a	
Insury , 3) there are a lot of work a	
Insury , 3) there are a lot of work a	
Insury , 3) there are a lot of work a	
Insury , 3) there are a lot of work a	
nary way for any body.	
nary way for any body.	
nary way for any body.	
nany way for any body.  D. Response: (This Section for Staff Response Only)	
nary way for any body.	
nany way for any body.  D. Response: (This Section for Staff Response Only)	
nany way for any body.  D. Response: (This Section for Staff Response Only)	
nany way for any body.  D. Response: (This Section for Staff Response Only)	
nary way for any body.  D. Response: (This Section for Staff Response Only)	
nary way for any body.  D. Response: (This Section for Staff Response Only)	ssignments that are not dangerous

Form DC-135A	Commonwealth of Pennsylvania
INMATEIC DEQUEST TO STATE MEMDED	Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER	INSTRUCTIONS
	Complete items number 1-8. If you follow instructions in
•	preparing your request, it can be responded to more
	promptive and intelligently
1. To: (Name and Title of Officer)	2. Date:
Medical Department	5/12/20 Mg May 50
3. By: (Print Inmate Name and Number)	4. Counselor's Name:
Benjamin Cooper GEOZI3	Wentzel 3/1 Ten
2	5. Unit Manager's Name:
57	Kelly
Inmate Signature	
6. Work Assignment:	2. Date: 5/12/20 4. Counselor's Name: Wentzel 5. Unit Manager's Name:
NA	TA 1009
8. Subject: State your request completely but briefly. Given	ve details.
	from K. Owens (governce cordinator)
Stating that on 4/10/20 there were:	specific medical restrictions enfered
	and for DOCNET, and that were along
	bepto Indicated a need to remove
me from my work assignment in	
she's talking about?	/ /
June .	'
1) There should have been no restr	tottons put in on me; and 2) I have
been working in the CI-laundy	strue Hopened up with out Mok or
	assignments that are not dangerous
In any way for any body,	, 0
	'
Response: (This Section for Staff Response Only)	to the figure and the same of the same of the
In reviewing your Roose He	orthopedirs Said you could
return to Prior as long as	s you ar not lifting,
THE PI- WINDER PULLED IT	Flow thereby our provided
DICCOL WAR IN OTH 18340K	flow thereof our provided
	From on 3/26/20, place
BICK Call of you nece	From on 3/26/20. Place
	trun on 3/26/20. place
BICK Call of you nece	trun on 3/26/20. place
BICK Call of you nece	From on 3/26/20, place
sick call of you need without ical.	tron on 3/26/20. Place to review this restriction
Place the work restor	From on 3/26/20. place
TO DC-14 CAR ONLY	To DC-14 CAR and DC-15 IRS []
place the work restore SICK call of you nece without ical.	To DC-14 CAR and DC-15 IRS

### **APPENDIX "L"**

Document 2 Filed 09/17/20 Page 92 of 108

DC-804 Part 1

#### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS**

FOR OFFICIAL USE **GRIEVANCE NUMBER** 

<b>OFFI</b>	CIAL	INMATE	GRIEVANCE
-------------	------	--------	-----------

OFFICIAL INMATE GRIEVANCE		<u>.</u>	
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:	
	Phoenix	4/19/20	
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE	:	
Banjamin Cooper GE0213	67-4		
WORK ASSIGNMENT:	HOUSING ASSIGNMENT	:	
laundry	F-A1034		
INSTRUCTIONS:			
1. Refer to the DC-ADM 804 for procedures on the in		"	
2. State your grievance in Block A in a brief and unde		to include the identity of	
<ol><li>List in Block B any action you may have taken to re staff members you have contacted.</li></ol>	esoive this matter, be sure	to include the identity of	
A. Provide a brief, clear statement of your grievance.	Additional paper may be us	ed maximum two	
pages (one DC-804 form and one one-sided 8½" x			
	. A		
On 4/16/20@ 1:47pm I received a ne	Hice from mare	II I MOIT THAT	
effective 4/10/20 I was being remove	red from my sob in	the laundry because	
of my medical restrictions. but I has	re no medical res	trictions but and	
my setzures and that was never a	problem before	4/92 Tana 1/1/	
only inmate working in the launds	with a hard enterior	and the	
Dame or solling real that he are thereman	و از از استدمسا		
Same medical restrictions. However The medical restrictions on my left h lifted and I was cleared to enhant			
lifted and I was cleared to go back to it because of that. I feel as H I am be for prior grievances tiled and product	and from surgery or	1 12/3/19 were all	
hosave of that They to go pack to	vort on 4/1/20 50.	I Know that is not	
O Tropies of Francis	ing targeted and re	stuliated against	
S wite periornal	awsum against uppe	To the state of th	
I seeking to have my sob back	and william	D	
7 327	and reimbursed	for money	
owed.		/	
and the contract of the contra	and the second s		
D. List actions taken and staff you have contacted by	fara and maisting their aging an		
B. List actions taken and staff you have contacted, be	iore submitting this grievan	ce.	
laundry supervisor Hollohan			
Courselor Wentzel			
V/M Kelly	•		
ver i mer			

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy **GOLDEN ROD Inmate Copy** 

CANARY File Copy

Your grievance has been received and will be processed in accordance with DC-ADM 804.

**PINK Action Return Copy** 

DC-ADM 804, Inmate Grievance System Procedures Manual Section 1 - Grievances & Initial Review

Issued: 1/26/2016 Effective: 2/16/2016



#### Facility Manager's Appeal Response

SCI Phoenix 1200 Mokychic Drive Collegeville, PA, 19426

05/29/2020 08:14

Inmate Name:	COOPER, BENJAMIN	DOC #: · •	GE0213
Facility:	Phoenix	Unit Location:	F/A [634]
	866416		

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted above. In accordance with the provisions of DC-ADM 804, "Ismate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

#### **Decision:Uphold Response**

It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

#### Response:

I am in receipt of your grievance appeal in which you state your grievance was denied citing that medical restrictions were entered into the computer on 4/10/2020. You state the "no lifting" restrictions were put in by the orthopedic immediately after your surgery. You state more than 3-months later, the restrictions were lifted and you were cleared to return to work. You state there was no reason for the medical provider to reinstate the no lifting restriction and take your job except to target you and as retaliation for prior grievances filed and pending law suits against the institution.

Upon review of available information, I find the grievance officer's response appropriate. I have reviewed the request slip you attached to the appeal, and as indicated in the response, you would need to submit a sick call if you needed to review the restriction with medical. You were not targeted or retaliated against; you were placed on GLP due to the medical restrictions. There is nothing further to add.

Based on this information, I am upholding the decision of the grievance officer. Requested relief is denied.

Signature:	
Name:	<b>⊀</b> Sorber
Title:	Facility Manager
Date:	

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-B

GE0213 Grievance #:866416

COOPER, BENJAMIN

CC: DC-15 File

Page1 of 1

Issued: 1/26/2016 Effective: 2/16/2016

#### Case 2:20-cv-04595-PD Document 2 Filed 09/17/20 Page 94 of 108



#### **Initial Review Response**

SCI Phoenix 1200 Mokychic Drive Collegeville, PA, 19426

05/07/2020 03:07

	, , , , , , , , , , ,	DOC #:	GE0213
Facility:	Phoenix	Unit Location:	F/A 1034-01
Grievance #:	866416	-	

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

#### **Decision:Grievance Denied**

It is the decision of this Grievance Officer to uphold, deny, or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, a summary of the conclusion, any action taken to resolve the issue(s) raised in the grievance, and the relief sought.

#### Response:

In your grievance you state that on 4/16/20 you received a notice from Inmate Employment that effective 4/10/20 you were being removed from your job in the laundry because of your medical restrictions. You also state you have no medical restrictions but for your seizures and that was never a problem before.

Effective 4/10/20 there were specific medical restrictions entered by the medical department into DOCNET. ALL medical restrictions entered are reviewed daily by my office in conjunction with the current work assignment of the individual with the restrictions to ensure his/her safety as well as the institution. Unfortunately the medical restrictions entered by the Medical Department would indicate a need for removal from the work assignment in the CI Laundry for you as it could potentially put you at risk of injury.

If you feel this is inaccurate information you always have the right to request to be seen by the Medical Department for further review of your health and wellbeing.

You go on to state that you are not the only one with seizures but yet you are the only one being fired.

You were not fired, you were removed and placed on GLP giving you the opportunity to seek other employment with consideration to your medical restrictions issued by the Medical Department. I do not have direct access to your medical file or information privy to why specific medical restrictions are placed on you by the medical professionals. So therefore there would be no way of me to know the purpose of these medical restrictions listed for you or the unknown individual you refer to in that statement.

You also state that you feel you are being targeted and retaliated against for prior grievances filed and pending lawsuit against the institution.

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

GE0213 Grievance #: 866416

COOPER, BENJAMIN Page1 of 2

Issued: 1/26/2016 Effective: 2/16/2016



#### **Initial Review Response**

SCI Phoenix 1200 Mokychic Drive Collegeville, PA, 19426

05/07/2020 03:07

The SCI Phoenix Inmate Employment Office is responsible to ensure that the health, safety and well-being of every individual is taken into consideration when placing or reviewing them for work assignment whether new or retention due to medical or custody related concerns. I take my position as a Correctional Professional very seriously when conducting business as it relates to care, custody and control.

This grievance is denied based on the fact that removal from the work assignment in CI Laundry was directly made by the entry of medical restrictions entered by the Medical Department into the DOCNET system. Those medical restrictions indicated would indicate that the current work assignment could potentially put you at risk of injury while completing the work duties in this area.

	Signature:	,
	Name:	M: Delliponti
	Title:	
	Approver:	K. Owens
***************************************	Date:	May 7, 2020

CC: Facility Grievance Coordinator DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 1 - Grievances & Initial Review, Attachment 1-D

GE0213 Grievance #: 866416

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

Page2 of 2

### INMATE APPEAL TO FACILITY MANAGER

Inmate Number	NAME	HOUSING UNIT	DATE	GRIEVANCE#
	Benjamin Cooper		5/24/20	866416
I received my initia	al response from the wing appeal issues,	Grievance Office/Cod	ordinator on <u>5.7.</u>	20
and have the follo	wing appeal issues;	And the second s		
Refer to	DC-ADM 804, Grieva	nce Anneal Procedur	es for complete inst	ructions
And the state of t				
Ple	ase provide a BRIEF	(no longer than two p	pages) appeal statem	ent,
I filed a grievano	ce contending that:	I reviewed a natur	e farminmade en	nployment
–	4/10/20 I was bein	) 1	L',	
•	by medicade My gr			
	estrictions entered			
	d by the medical de			
	obid"1" (a request sli			
	en to work as long o			
	ed the work restricts		, , , ,	7
I contend that t	he no letting restr	retrons were put	in by the Ortho in	amodrately
Afer my sureson	. More than 3 mor	ths later and nell	into physical ther	apy the
real of line were	elifted and I was	e cleared to return	to work . The wa	s no reason for
the medical con	order to double base	K and re-includes	the nolithing restri	reforms and take
my ich accept	to target me and	as metalination for	- prior greenee	stilled and
20-14-10-10-15-15	tem against the	institutions		
The physical the	empist-left as the	nich I was made	I to an hast to w	co.K.
THE PRYSICAL TIME	crapioi in the fire	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 10 40 0 2 2 2 2 3 0	
	,			
			***	
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		und uitide and und und und und und und und und und u	Ra 10	
	INI	MATE SIGNATURE:	- francisco de	A September of Management and April 1995 September 1

DC-ADM 804, Inmate Grievance System Procedures Manual Section 2 – Appeals Issued: 1/26/2016

Effective: 2/16/2016

Benjamin Cooper GE0213 P.O.Box 33028 St. Petersburg, FL 33733

Secretary's Office of Inmate Grievances & Appeals Pennsylvania Dept. of Corrections 1920 Technology Pkwy.
Mechanicsburg, PA 17050

RE: Grievance Appeal No. 866416

To Whom It May Concern

I filed a grievance contending that I received a notice from inmate employment that stated as of 4/10/20 I was being removed from my job because of new restrictions that were put in by medical.

My grievance was denied citing that effective 4/10/20 there were specific medical restrictions entered by the medical department into DOCNET...the medical restrictions entered by the medical dept. indicated a need to remove me from my work assignment. See exhibit "A" (the notice from inmate employment) and "B" (a request slip from the medical dept.). Under response exhibit "B" states "...the ortho said you could return to work as long as you are not lifting, the laundry requires lifting therefore our provider placed the work restrictions on 3/26/20".

I contended that the "no lifting" order from the ortho was given in December 2019 right after the surgery. That more than three months had passed in which I was well into physical therapy. That based on recommendations from the physical therapist and the medical dept. all restrictions concerning my hand were lifted and I was cleared to go back to work. That there was no reason for the medical provider to re-place the "no lifting" restrictions back on and take my job but for retaliation for prior grievances filed against the medical dept. and pending lawsuits against the

Case 2:20-cv-04595-PD Document 2 Filed 09/17/20 Page 98 of 108 institution.

An investigation (via the physical therapist, and two sick call doctors) showed that there was never a need for the restrictions to be reinstated. As a result I am seeking missed wages, my job back and \$2500 (two thousand-five hundred dollars) for retaliatory actions and punitive and compensatory damages.

Filed by

Dated: 6/10/20



#### **Final Appeal Decision**

Secretary's Office of Inmate Grievances & Appeals Pennsylvania Department of Corrections 1920 Technology Parkway Mechanicsburg, PA 17050

Inmate Name:

COOPER, BENJAMIN

DOC #:

.GE0213

SCI Filed:

Phoenix

Current SCI:

Phoenix

Grievance #:

866416

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted above. In accordance with the provisions of DC-ADM 804, Inmate Grievance System Policy, the following response is being provided based on a review of the entire record of this grievance. The review included your Initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the Issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

#### Decision: Uphold Response

It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response. uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.

#### Response:

In this grievance, you indicate that on 4/16/20, you received a notice from Inmate Employment indicating that effective 4/10/20 you were being removed from your job in Laundry due to your medical restrictions. You indicate that you have no medical restrictions but for your seizures and that was never a problem before. You indicate that you are not the only inmate working in laundry who has seizures; however, you are the only on being fired. You indicate that the medical restrictions you had from your surgery on 12/3/19 were lifted and you were cleared to go back to work on 4/1/20. You feel that you are being targeted and retaliated against for prior grievances you filed as well as for a pending lawsuit against the facility. For relief, you request to receive your job back and reimbursed for money owed.

This office finds the responses provided to you thoroughly and appropriately addressed your concerns. The reason from you being removed from laundry was explained to you and if you have any concerns with the restrictions placed on you, you are encouraged to sign up for sick call to address your concerns with a provider. You provide this office with no additional information or evidence to support your claims of retaliation. Therefore, this office upholds the responses provided to you and your requested relief is denied.

Signature:

Name:

Title:

Chief Grievance Officer

Date:

8/6/20

CC: DC-15/Superintendent - Phoenix

Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals, Attachment 2-F

GE0213 Grievance #:866416

COOPER, BENJAMIN

Issued: 1/26/2016 Effective: 2/16/2016

Page1 of 1

# **APPENDIX "M"**

Form DC-135A	Commonwealth of Pennsylvania  Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER	4
	INSTRUCTIONS Complete items number 1-8. If you follow instructions in
,	preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date: 5/12/20 4. Counselor's Name: Wentzel  5. Unit Manager's Name: Kelly  7. Housing Assignment:
Medical Department	5/12/20 M MAY ED
3. By: (Print Inmate Name and Number)	4. Counselor's Name:
Benjamin Cooper GEOZI3	Wentzel a/p 2020
2 0 -	5. Unit Manager's Name:
Inmate Signature	Kelly
6. Work Assignment: , ,	7. Housing Assignment:
d. Work Assignment.	FA 1034
8. Subject: State your request completely but briefly. Give	
	from K. Owens (grevance cordinator)
	specific medical restrictions entered
by the medical chepto Into my records	and for DOCNET, and that there along
with there restrictions the medical a	lepto Indicated a need to remove
me from my work assignment in 4	the CI-laindry. Do you know what
She's talking about?	
1) There should have been no resto	tettons put in on me; and 2) I have
been working in the CI-foundy &	strue Hopened up with out Nok or
Encury 3) there are a lot of work	ass tynnerts that are not Jangerovs
In any way for any body.	, ,
' / ' ' /	,
C. Downey (This Section for Stoff Response Only)	Constitution and the second difference of the
9. Response: (This Section for Staff Response Only)	
THE HOTEWING GOLD PUBLIC TIC	orthopeding Said you could
return to Prole as long as	Last Man ( by M) ( Dogwide )
The cl-launty regular lit	Lan an 3/26/200 Olice
SICK-0011 17 400 Nels-	to review this restriction
	40 / LOILED TOTALINI
without ali	
To DO 44 CAR only left	To DC-14 CAR and DC-15 IRS □
To DC-14 CAR only	TO DO-14 OAK and DO-10 NO []
TAFE MEMBER NAME B. Huner, CHCAP	15 James DATE 5/13/20
TAFF MEMBER NAME B. Huner, CHCAP Print	Signature

### **APPENDIX "N"**

INMATE'S REQUEST TO STAFF MEMBER  1., To: (Name and Title of Officer)	INSTRUCTIONS Complete items number 1-8. If you follow instructions i preparing your request, it can be inspected to possible to promptly and intelligently.  2. Date: // JUN 1 1 2020
·	INSTRUCTIONS Complete items number 1-8. If you follow instructions i preparing your request, it can be inspected to possible to promptly and intelligently.  2. Date: // JUN 1 1 2020
To: (Name and Title of Officer)	preparing your request, it can be the promptly and intelligently.  2. Date: / / JUN 1 1 2020
1., To: (Name and Title of Officer)	2. Date: 6/8/73 JUN 1 1 2020
Ms Delapante inmate employme	77/20
By: (Print Inmate Name and Number)	4. Counselor's Name: INMATE EMPLOYMENT OFFICE
Benjamin Cooper GEOZ	us NA
3	5. Unit Manager's Name:
Inmate Signature	NA-
6. Work Assignment:	7. Housing Assignment: FA 1034
8. Subject: State your request completely but briefly.	
	a my job in the laundry as a result of
· - ) · - · · · · · · · · · · · · · · ·	wh became effective on 4/10/20.
But I was cleaned to return to wor	on 4/1/20 per medical and the
Perpsick call doctors (2) I have n	so restrictions or limitations stopping
	restrictions or limitations stopping restrictions from the surgely on my
hand had been removed prior to A	pol of zozowa.
I was told by CI - lamply sup	ervisors to contact you to get my cob
back since it was your office tha	+ took it.
I thank you for your time and awais	tyour response.
	cc. file
9. Response: (This Section for Staff Response Only)	
as of today Restric	how are stil listed
un Oyotem for you	
0 0	
o DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
	Solo
AFF MEMBER NAMEPrint	Signature DATE 6/12

NON

Form DC-135A	Commonwealth of Pennsylvania
	Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER	
	INSTRUCTIONS Complete items number 1.8. If you follow instructions in
	Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more
	promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date: //26/7
Deputy Sipple	6/25/20
3. By: (Print Inmate Name and Number)	4. Counselor's Name:   〇 臣 5 臣 1 》 臣 1 ]
Benjamin Cooper GrE0213	NA IS
3-2-61	5. Unit Manager's Name JUN 29 REC'D
Inmate Signature	NA UU
6. Work Assignment:	7. Housing Assignment: DEPUTY SUPERINTENDENT
NA	FA 2034 FOR CENTRALIZED SERVICES
8. Subject: State your request completely but briefly. Give	e details.
It was explained and shown to No. I	Dellaponte that there was no "No 18ftmy"
restriction in my medical chart so my co	sb poor should have not been taken. It
was also explained to her that I have	not been pard for April up to now.
	11 0 1 1 1 1 -
Ms. Delaponti retused to asknowledge	
the No Listing restriction, my sob and	
Know there are multiple and In the la	salue IV & the Liber I bles and
Itnen counters and constors that don't re	
moving machines,	, and the same of
3	
My job was injustly taken and I have	
and June gothy Into July. This shows Hs	
prior grtevances and fixed and pending awsuits	against the institution.
Response: (This Section for Staff Response Only)	ccofile
o, response (mis section for stein response only)	
YOUR ITTING ORSTICTION W	MS permoned but not that
for Wiking a round M	OVING Myrlune (In
	11 /
MINAW in Maday 1 th	All and a solution of the solu
March 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MW resmon
1/01/18	8 A And The Man
1000 may such 141	(C) 10/3/11 C - C. (10/0)
To DC-14 CAR only	To DC-14 CAR and DC-15 IRS
OTAFE MACMOED MANAGE	A DATE
STAFF MEMBER NAMEPrint	Signature DATE
	1-
mos & 20.16.	1/2/11
7.2.1, Counseling Services Procedures Manual - Se	ction 3, Request Slips Attachment 3-A

	·
Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
	INSTRUCTIONS
	Complete items number 1-8. If you follow instructions in
	preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date: / /
Depty Sipple	6/16/20 ECEME
3. By: (Print Inmate Name and Number)	4. Counselor's Name:
Benjamtn Cooper GEOZ13	NA = IDI
B-2	5. Unit Manager's Name: JUN 2 2 RECD
Inmate Signature	DEPUTY SUPERINTENDENT
6. Work Assignment:	7. Housing Assignment.  7. Housing Assignment.
NA	FA1034
8. Subject: State your request completely but briefly. Giv	1
Inmate employment took my sob in the	lainery as a result of medical restriction
allegedly entered on 3/26/20 ("No Lifting	") which became effective on 4/10/20,
However, I was cheared to return to wor	K on 4/1/20 per the physical therap 1st
and medical dept. See afached docum	
	e physical therapist it was established
that ID I should not have a "No Lifting" restriction in	
	my medical chart so my job should
	om level status; 3) no working from heights
and 4) no working around moving march	
my job being taken and/or me being fire	
Can I please have my job back and	be part from April up +111 now
9. Response: (This Section for Staff Response Only)	
The second secon	
The " left is 1	
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To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
	1 / 2
TAFF MEMBER NAME	- Signatura DATE
Print	Signature

Form DC-135A	Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER	Department	or corrections
		UCTIONS  8. If you follow instructions in an be responded to more
1. To: (Name and Title of Officer) Webs. Delaporte from the employment	2. Date: 6/16/20	RECEIVED BY
3. By: (Print Inmate Name and Number)  Benjamin Cooper & E0213	4. Counselor's Name:	JUN 1 8 2020
Inmate Signature	5. Unit Manager's Name:	INMATE EMPLOYMENT OFFICE
6. Work Assignment:	7. Housing Assignment:	
8. Subject: State your request completely but briefly. Give details.		
you sent me a notification taking my job in the launchy as a result of medical restrictions allegedly entered on 3/26/20("no lifting") which became effective		
on 4/10/20. However I was chared to return to work on 4/1/20 per		
medical and the physical thempist, see exhibit attached, only		
On 5/12/20 I received certification that my son was taken because of a		
"No Lifting work restriction from the medical department.  Speaking to the physical themptot and 2 different stak call doctors it was established that I should not have a "No lifting" restriction and be able to		
work i and that there is no "No Lifting" restriction in my medical chart so my sob should have never been taken. Per the doctors and theraptot I have		
4 restrictions (1) bottom bunk status (2) bottom tree status (3) no working in herdets 1 and 4) pc working around moving much traces. Per the therapist and doctors		
none of these warrants me being fined and/or my so being taken.		
Can I have my job back and he pard from April up until now.		
9. Response: (This Section for Staff Response Only)		
The restrictions of No work at height		
evelyations could postain to work in		
Laundry and the restriction of NO work		
Commend Moving Machines destribely		
To DC-14 CAR only   Per facility 10	To DC-14 CAR and DC-15 II	ny coperative
TAFF MEMBER NAME PROPERTY		DATE

Brooperille 24 Silogeville 24 19426

